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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence
for

January 31, 1984

VOLUME 95

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Tuesday, the 31st
day of January, 1984.

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

APPEARANCES:

P.S.A. LAMEK, Q.C.)	Commission Counsel
E. CRONK)	
D. HUNT)	Counsel for the Attorney
L. CECCHETTO)	General and Solicitor General
	of Ontario (Crown Attorneys
	and Coroner's Office)
I.J. ROLAND)	Counsel for The Hospital
M. THOMSON)	for Sick Children
R. BATTY)	
D. YOUNG	Counsel for The Metropolitan
	Toronto Police
K. CHOWN	Counsel for numerous Doctors
	at The Hospital for Sick
	Children
B. SYMES	Counsel for the Registered
	Nurses' Association of Ontario
	and 35 Registered Nurses at
	The Hospital for Sick Children
H. SOLOMON	Counsel for The Ontario
	Registered Nursing Assistants

(Cont'd)



APPEARANCES: (Continued)

D. BROWN	Counsel for Susan Nelles - Nurse
E. FORSTER	Counsel for Phyllis Trayner - Nurse
M. ROSENBERG	Counsel for Sui Scott - Nurse
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
B. JACKMAN	Counsel for Mrs. M. Christie - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)
J. SHINEHOLFT	Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai).



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E R R A T A

Page No.	Line	Discrepancy
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VOLUME 88

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Bmb.jc
A

-- Upon commencing at 10:00 a.m.

MARY COSTELLO, Resumed

THE COMMISSIONER: Yes. Before we start, Ms. Forster, Mr. Brown, what's your position on the police report?

MS. FORSTER: Yes, sir. Mr. Lamek and Mr. Percival very kindly met with us last night and, first of all, I am satisfied that those items that have been removed have no relevance to the Commission and I have no objection if the police report is distributed.

THE COMMISSIONER: Yes. Mr. Brown?

MR. BROWN: We have no difficulty with having the report distributed to counsel at this point.

THE COMMISSIONER: No, and you are also satisfied that nothing vital has been kept from it, is that it?

MR. BROWN: Well, I appreciated the opportunity of reviewing the matter yesterday with Mr. Lamek and Mr. Percival. Mr. Sopinka is considering the matters that were deleted and I prefer not to give you a definitive answer at this point.

THE COMMISSIONER: Yes, all right.



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At any rate, we can then distribute it to counsel.

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Is it available now?

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MR. LAMEK: It is copied now but I don't think it is physically here. We can do it after the break at any rate.

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THE COMMISSIONER: Yes, all right. Well, nobody will be cross-examining before the break anyway.

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All right, Ms. Cronk.

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MS. CRONK: Thank you, sir.

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DIRECT EXAMINATION BY MS. CRONK (CONTINUED):

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Q Ms. Costello, you will recall that yesterday at the end of the day we were discussing the death of Jordan Hines.

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A Yes.

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Q And we know from reviewing the Ward 4B WIN sheets that you were not on duty on the day of his death, that is, March 8th, 1981, nor does it appear that you were on duty the day prior, March 7th. Do I have that correctly?

20

A No, I was not.

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Q You were however on duty on March 6th, the day of his admission?

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A Yes.

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Q Did you at any time, Ms. Costello,



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on March 6th and following the admission of Jordan Hines to the Hospital, observe anyone administering a dose of digoxin in any form to that child?

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A. No, I did not.

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Q. Did you at any time, be it before or after Jordan Hines' death, have reported to you or otherwise hear of an incident of that kind, that is, the administration of digoxin to Jordan Hines?

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A. No, I did not.

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Q. To the best of your knowledge, Ms. Costello, was consideration given at the time of Jordan Hines' death to the reporting of his death to the Coroner's offices?

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A. It was at some time and I think it was much later and I have learned it much later, like, in the last few weeks. I think it was later, I think they were waiting for a final autopsy report and that it was after other children died or after the investigation of the later children's death that it was reported.

Q. Well, to assist you with that, Ms. Costello, the prior evidence has indicated that his death was reported to the coroner on March 24th, 1981. When you came into the Hospital on March 9th, however, I take it you learned of Jordan Hines' death,



A.4

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he had been a patient on your ward?

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A. Yes.

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Q Do you recall at that time or
in the next several days following his death any
discussion as to the reporting of that case to the
coroner?

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A. No, I do not.

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Q Was it a matter that was raised
by any of the nurses on either Ward 4A or 4B with you
at that time?

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A. No, not that I am aware of.

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Q All right. Could I ask you
please if you would turn to Exhibit 32A, and I don't
think the witness has that this morning, Mr. Registrar.

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In your experience, Ms. Costello, as
a head nurse both on Wards 4A and 4B, have you ever
personally had occasion to report the death of a
patient to the coroner?

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A. No, I haven't. I have been
satisfied that the doctors have reported it whenever
he was concerned.

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Q Do nurses as a general rule, and
I am particularly having regard to the nurses on your
ward, involve themselves in the decision after a
death as to whether or not to call or report the

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death to the coroner?

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A. I don't think that we ever had occasion to but it is our responsibility to do so if we are concerned and we realize that the doctor has not done so or we consult with the doctor and he chooses not to. If we are still worried we have the right to do so. I don't remember any occasion when we felt that we needed to use that right.

Q. Are you aware of any guideline, be it formal or informal, which existed on the cardiology wards during the nine-month period of time with which we are concerned, which suggested that the death of any patient on either ward within 24 hours of the patient's admission to hospital should automatically be reported to the coroner?

A. Yes.

Q. Was that a guideline in place on your wards?

A. Yes, it was. Perhaps it was in the Policy Manual, I'm not sure.

Q. All right. And did that extend to any patient, regardless of condition, if the patient died within 24 hours of admission to the Hospital?

A. Yes, it did.



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Q. Could you turn if you would please to Tab 14, which is the Ward 4B assignment book and I would ask you to look at the entries if you would please for March 7, 1981 at page 118. Do you have that, Ms. Costello?

A. Yes.

Q. Ms. Costello, again, I would ask you to confirm whether I am reading these entries correctly. I am interested in the Ward 4B staff that appears to have been on the long night duty shift on March 7th. Am I correct that that included Ms. Halpenny, Ms. Reaper, Ms. Frise and Ms. Scott as relief nurse from Ward 4A?

A. I think a Miss McInnes, a per diem RN.

Q. And was she serving as relief as well?

A. Yes.

Q. All right. It appears as well that Jordan Hines during the night shift was in Room 431 assigned to the care of Ms. Reaper. Am I reading the entries correctly?

A. Yes.

Q. Ms. Reaper however at the same time appears to have had responsibility for a number of



A.7

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other children, namely, three in Room 433?

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A. Yes.

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Q. Did she as well have responsibility for the administration of all medications in Room 433?

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A. Yes, she did.

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Q. Does the fact that Ms. Reaper had, in addition to the responsibility for caring for Jordan Hines, responsibility for three other patients indicate that Jordan Hines during that night shift was neither on constant care nursing or shared care nursing?

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A. No, he was not. Another indication is that she had patients in another room and duties in another room.

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Q. Well, that is my point. If any particular nurse is recorded in this book as having more than two patients I take it that she was not on a constant nursing care assignment for any particular patient?

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A. Not constant care, no.

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Q. And during the day shift on March the 7th, again reflected in the Ward 4B assignment book, the nurses on duty I suggest appear to have been Ms. Bracewell, Mrs. Lyons, Ms. Harwood-Jones,



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and, in addition to relief nurses, Ms. Palmer and
Ms. Werniak, is that correct?

A. In the daytime it was Ms. Roman
and in the three to seven period, Ms. Palmer.

Q. I'm sorry, where are you seeing
Ms. Roman?

A. Right there.

Q. All right. Ms. Roman was a
relief nurse, a registered nursing assistant?

A. Yes, during the seven to three
period and then Ms. Palmer during the 3:30 to 7 period.

Q. Thank you. And the other nurses
on duty during the day are as I have suggested?

A. Yes.

Q. And during the day, as I read
these entries, Ms. Janet Brownless, a registered
nursing assistant from Ward 4A was serving as relief
as well on Ward 4B.

THE COMMISSIONER: I'm sorry, where
do we see that?

THE WITNESS: I don't see it.

Oh, yes, I do see it.

MS. CRONK: Underneath Mrs. Bracewell's
name.

THE WITNESS: On the three to seven
period?



A.9

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THE COMMISSIONER: Oh, yes, yes.

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MS. CRONK: Q. Well, from what entry did you deduce that she works the three to seven period?

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A. This page, which was a separate page in the book, was seven to three, 7:15 to 3:45.

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Q. You are pointing to the left-hand side of the page?

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A. Yes. Although, on this it was a separate page in the original book.

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Q. All right.

A. And then this piece up here at the top of the right-hand is the 3:30 to the 7 period and the bottom is the long night period.

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Q. All right. So, do I take it then that the individuals listed on the top of the right-hand side of the page are those that worked the three to seven period on Ward 4B?

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A. Yes.

Q. And that included Janet Brownless as a relief registered nursing assistant from Ward 4A?

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A. Yes, it did.

THE COMMISSIONER: Are they all, everybody on that page except for the people at the bottom, are they seven to three or are they some other



A.10

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time? What about Mrs. Lyons, looking at page 118,
what period was she working from, seven to three?

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THE WITNESS: Seven to seven. Do you
want me to show you on this book?

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THE COMMISSIONER: Oh, the long day,
oh, I see, yes. Seven to three, yes, and the long
day would be seven to seven?

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THE WITNESS: Do you want me to show
you it? This is seven to three and this is three to
seven.

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MS. CRONK: Q. I am sorry, Ms. Costello,
for the benefit of everyone, the page is divided into
two. Could you just repeat for us please, what do
the entries on the left page indicate?

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A. 7:15 to 15:45.

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THE COMMISSIONER: Does that include
Mrs. Lyons and is she from seven to three?

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THE WITNESS: She is also on the right-
hand side, so, she is also three to seven.

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THE COMMISSIONER: Oh, I see.

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MS. CRONK: Q. And then the entries on the
bottom right-hand side of the page below the double
line reflect those nurses on the night shift?

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A. Yes.

23

Q. All right. Is that always

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invariably the long night shift, the 12-hour long
night shift?

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A. It is unless it is indicated
otherwise. Sometimes you will see, particularly for
relief, that it may say one person from seven to
eleven and another person from eleven to seven. That
would be indicated if it were so.

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Q. And during the day, do I have
it correctly that Jordan Hines was as well assigned
to Room 431 but in this case in the care of Janet
Brownless?

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A. During the three to seven period
he was.

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Q. All right. And during the period
prior to that he was in the care of Ms. Harwood-Jones,
again in Room 431, or can you tell from these entries?

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A. Are you talking now about the
seven to three period because I read it as Ms. Roman.

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Q. Ms. Roman, that is shown on the
bottom left-hand side of the page?

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A. Yes.

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Q. And he was still in Room 431?

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A. Yes.

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Q. All right. Could I ask you to

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turn if you would please as well to Tab 13, which is
the Ward 4A assignment book; and to page 150 through
to 151.

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Again, Miss Costello, if I am reading those entries correctly, it appears on the 7:00 a.m. to 3:00 p.m. day shift were Miss Mandal, Miss Partridge, Miss Cooney and Miss Brownless. Do I have that correctly?

A. I am on the wrong page I think, did you say 150, 151?

Q. Yes.

A. Okay.

Q. Tab 13, page 150.

A. I made a mistake, I am sorry.
Yes.

Q. Now reading the nurses who were on duty on Ward 4A during the period from 7:00 a.m. to 3:00 p.m. in the afternoon on March 7th, am I correct that they appear to have been Miss Mandal, Miss Partridge, Miss Cooney and Miss Brownless?

A. Yes.

Q. And during the day period from 3:00 p.m. to the end of the day shift, again it appears to have been Miss Mandal, Miss Partridge, Miss Cooney and Miss Brownless, who was serving on relief on Ward 4B, as you have suggested from the hours of 3:00 to 7:00 p.m.

A. Yes, and Miss Mandal.

Q. And Miss Mandal, that is



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correct. And the night shift nurses as reflected in the Ward 4A assignment book for that evening appear to have been Miss Nelles, Mrs. Trayner, Mrs. Scott and Mrs. Christie; is that correct?

A. Yes.

Q. If Mrs. Trayner was the team leader for that particular team of nurses, Miss Costello, can you help me as to why Miss Nelles would be shown in the book as in charge?

A. She probably was in charge and there could be various reasons. I can't explain this particular night. At that period it would not have been for learning purposes. It may have been that Mrs. Trayner was off for a few days prior and Miss Nelles was in charge and continuing that, or they may have chosen to have a change for a little while, that did happen.

Q. Does the indication that Miss Nelles was in charge that evening fairly lead us to the conclusion that she was regarded as the senior nurse on duty that night notwithstanding the attendance of Phyllis Trayner on the ward?

A. Yes.

Q. Did that frequently happen that an individual team member could be in charge



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although her team leader was in fact present?

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A. Not frequently, but it wasn't

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unusual.

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Q. Thank you, Miss Costello.

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Following the death of Jordan Hines,
on March 9th when you returned to duty in the Hospital,
or on any day after, did any member of the Ward 4A or
4B nursing teams indicate to you that a dispute had
occurred during the resuscitation efforts undertaken
for Jordan Hines regarding the type of pacemaker which
was to be utilized?

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A. No.

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Q. Do you recall any discussion
concerning the events that took place during the
resuscitation efforts relative to Jordan Hines?

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A. Yes.

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Q. Did any of those discussion
centre around the procedures that were adopted during
the resuscitation?

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THE COMMISSIONER: Yes?

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MR. BROWN: This was gone into with
Nurse Brownless, it is an area of hearsay.

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THE COMMISSIONER: Miss Browne.

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MR. BROWN: I'm sorry, Miss Browne.
It is an area of hearsay.

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THE COMMISSIONER: Yes.

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MR. BROWN: And the nurses who were present at the resuscitation are available as were the doctors, Dr. Costigan and Dr. Rowe. Those questions were not asked of them. I submit this should be put to those present.

THE COMMISSIONER: Why, Miss Cronk, why do you want to get this information, particularly as apparently Miss Costello does not know much about it?

MS. CRONK: I am content to pursue the matter with subsequent witnesses since Miss Costello has told us she did not hear of the incident.

THE COMMISSIONER: Even if she had heard of the incident, I think in light of what we discussed yesterday it would be best, unless she were a person present, not to go into it.

MS. CRONK: Well, sir, I won't debate the point further.

THE COMMISSIONER: Yes. All right.

MS. CRONK: Q. The facts before the Commission, Miss Costello, indicate that apart from the death of Jordan Hines there were a series of other deaths on Ward 4A in the early days of March; on March 6, David Leith died on Ward 4A; on March 8th,



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as you know, Jordan Hines; on March 7th, Colleen Warner, and on March 9th, Barbara Gionas; there were four deaths in four days, Miss Costello.

Other than the death of Jordan Hines, was concern expressed amongst any of the Ward 4A or 4B nurses at their meeting on March 11th regarding the cause of death of any of those other children?

A. I wasn't at that meeting.
That is the one in the meeting book of 4A?

Q. That is right.

A. I wasn't there I don't think.

Q. Do you recall when you reported for duty on March 9th being informed by any of the nurses, be it again a member of the Ward 4A staff or a member of the Ward 4B staff, of any concerns regarding the deaths of any of those children other than Jordan Hines?

A. No, I don't.

Q. Are you aware of any issue in the minds of the Ward 4B nurses that was expressed to you as to the timing of death of any of those three other children?

A. No, I am not.

Q. The next child to have died, Miss Costello, on either of the two wards was Kevin



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Pacsai, who died in the Intensive Care Unit on March 12th at approximately ten o'clock in the morning. He was, however, as we understand it, admitted to the Intensive Care Unit from Ward 4B.

A. Yes.

Q. He was admitted to Ward 4B according to the entries in his medical record some time in the mid-afternoon on March 11, 1981. To the best of your knowledge were you on duty at the time of his admission?

A. Yes, I was.

Q. Did you observe the child at that time?

A. Yes, I did.

Q. Can you help us please in your judgment as to the nature of his condition at the time of his admission.

A. He was admitted with a history of problems of arrhythmia and apnea for investigation. He didn't look particularly ill but that is a serious situation that we needed to observe.

Q. At the end of the day shift on March 11th when you left the ward, Miss Costello, did you regard his condition as being critical?



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A. No.

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Q. Is there a critical patient list maintained, or was there at that time during this nine-month period a critical patient list maintained on Wards 4A and 4B?

A. What it would be called if they were considered critically ill would be a seriously ill list, a short form SIL, and I think the only place that that would appear would be the report to nursing office at the end of the shift.

Q. Whose duty was it to complete that list?

A. The nurse in charge for each ward.

Q. Is that done each day?

THE COMMISSIONER: Oh, the nurse...?

THE WITNESS: The nurse in charge for each ward did it in the day shift.

THE COMMISSIONER: That would be the Head Nurse?

THE WITNESS: Yes. I consider myself in charge or whoever I delegated.

THE COMMISSIONER: Yes.

THE WITNESS: And then on the evening and night shifts I think the nursing supervisor



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completed it after discussion with the staff on the Ward.

MS. CRONK: Q. Was that list completed on a daily basis for each shift of duty insofar as you are aware?

A. Yes. What it is rather than a list it is a report of relevant data that the nursing supervisors needed to know, so it included admissions, discharges, staffing and any children whose condition needed to be reported, and of course the most important of those would be those on the seriously ill list, which means the same as you say, critically ill.

Q. Was one of its purposes therefore to alert, when you went off duty, the night nursing supervisors as to the identity and condition of those patients regarded as being most gravely ill?

A. Yes.

Q. Do you recall whether or not Kevin Pacsai was regarded as such the day of his admission?

A. No, he was not.

Q. I would ask you to turn to the Ward 4B WIN Sheet if you would, please, for March 11th.



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A. Yes.

Q. I am interested first in the day shift nursing complement during the day on Ward 4B at the time of Kevin Pacsai's admission.

As I read these entries, Miss Costello, in addition to yourself, Mrs. Croswell was on duty, Mrs. Pedreschi, Miss Bracewell, Miss Frise, Mr. Rudanycz and Mrs. Whittingham. Am I reading the entries correctly?

A. Yes. And some second-year U. of T. students as well. Going back to Diane Croswell, she would work between the two wards.

Q. What was Mrs. Croswell's position at that time?

A. Teaching team leader.

Q. So her assignment covered both wards and patients on both?

A. Yes.

Q. When you refer to the University of Toronto students, a second-year student, did that individual work part of the day? There appears to be a time indication beside that individual's name.

A. I can read 7:15; I can't read the second part.



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Q. However, it does not appear
that individual worked the long day shift?

A. No.

Q. I would ask you to look as
well, if you would, perhaps if you could just leave
that open in front of you and look at the Ward 4B
assignment book, again Tab 14 in the volume beside
you, page 126, Miss Costello.

—



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A. Yes.

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Q. I suggest that a review

of the entries for the nursing staff on duty on

Ward 4B during the day, as reflected in the

assignment book, does not correspond fully with

the entries on the WIN sheet. I draw your

attention first to the fact that your name does

not appear to be included in the assignment book

as having been on duty?

A. No, although I explained to

you yesterday that I usually did not write my name.

It was the exception if I was not there and then

I did write another person's name as in charge.

Q. Can you help me further as

to why Mrs. Croswell's name does not appear in

the assignment book?

A. She did not have an assignment,

and if she was there and there was no assignment,

no particular duty written for her, then she was

teaching on both wards.

Q. Can you help me why

Mrs. Pedreschi's name is not mentioned?

A. She is a unit clerk and did

not have patient assignments.



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Q. There does, however, appear to be an entry for Ms. Cooney in the assignment book as opposed to the WIN sheet. She appears to have been relieving on Ward 4B from Ward 4A; is that correct?

A. In the 3 to 7 period, yes.

Q. And her name does not appear on the WIN sheet for that day?

A. It would not appear on 4B's; it might appear on 4A's.

Q. Notwithstanding that she worked on 4B on that day?

A. No, because we had not computer sophistication at that time to pay relief for where they worked, so we did not--we entered it on the back. It should have been on the back of the page here as who worked relief.

Q. Does the same not apply to Ms. Donaldson? In the 4B assignment book sheet she is shown as relieving on Ward 4B from Ward 5C, although her name does not appear on the WIN sheet for 4B that day?

A. That is right. Theoretically she would be paid by 5C, but if we had had the sophistication, she should have been paid by us



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and she should have been on the back of the page
with the relief staff as well.

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Q. Would it be fair of me, to
suggest, then, Ms. Costello, that in order to
determine with any degree of accuracy what individuals
were on duty on either Ward 4B or Ward 4A on any
given shift, both the Win sheets and the entries
in the assignment book should be read together?

9

10

11

A. It would help to have both.
You could do better with an independent WIN sheet if
you had the back of it for the relief staff.

12

13

Q. But for the regular staff
that were on duty, one should have regard---

14

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17

MR. ROLAND: Mr. Commissioner just
to assist the process a bit, we did provide
Commission Counsel with both sides of the WIN sheets.
We have the other side and it shows the information
that the witness is talking about.

18

19

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THE COMMISSIONER: If the back of the
WIN sheet has got all the assignments on it, that
would help.

21

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MS. CRONK: We are searching for the
backs, sir, that is all I can say, and I have no
reason to doubt that Mr. Roland is entirely
accurate, but we have yet to locate them.



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THE COMMISSIONER: Well, Mr. Roland,
having given them, may have taken them back, I
do not know, but he says he has them.

4

5

MR. ROLAND: No, when we gave the
WIN sheets, we gave both the fronts and the backs.
They are one document, and it seems the front was
reproduced but it was not turned over and xeroxed.

6

7

8

MS. CRONK: Entirely possible, sir,
and we are searching for the backs.

9

10

THE COMMISSIONER: The whole problem
can be solved, though, by a further gift, by him
if that is all right.

11

12

13

MR. ROLAND: We are quite happy to
co-operate.

14

15

MS. SYMES: Perhaps if Mr. Roland
would be kind enough to give this witness the copy
of the back of the sheet in question.

16

17

MS. CRONK: Ms. Costello, you have
been provided with, I gather, the back of the sheet
for March 11. Are the relief nurses on Ward 4B
that day listed on the back of the sheet?

19

20

A. Yes, they are.

21

Q. Was it standard practice to
list the relief staff that served any part of the
shift on Ward 4B on the back of the WIN sheet for

22

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that day?

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A. Yes, it was.

4

Q. Did that apply, regardless
of the ward on which they normally worked?

5

A. Yes.

6

7

Q. Does your name appear there
as well?

8

A. No, it should not.

9

10

Q. It appears on the front of the
WIN sheet?

11

A. Yes, it should.

12

13

14

15

Q. Do I have it then correctly
that the WIN sheet, both front and back, should be
a complete and accurate list of all individuals
who worked on Ward 4B, in this case, during the
entire shift, on March 11?

16

17

18

19

A. Yes, if it were not complete
on March 11th, I would seek out who worked and find
out the answers to complete it before the next day,
and definitely to complete it before the end the
week.

20

21

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Q. Thank you, Ms. Costello.
Could you look still, then, at the entries in the
assignment book for March 11th, and it appears, on
my reading of the entries, that Kevin Pacsai was



1
2 admitted to room 431 on his admission to Ward 4B
3 in the care initially of Mr. Rudanycz; is that
4 correct?

5 A. Yes.

6 Q. That individual appears to
7 have had, however, two other patients to care for
8 in the same room--I am sorry, in room 411, a
9 different room?

10 A. During the 3:30 to 7 period, he did
11 and I think it was about 3 that Kevin came; during
12 the morning Mr. Rodanycz also had room 410.

13 Q. And on duty that evening
14 according to the entries in the assignment book,
15 were Ms. Halpenny, Ms. Harwood-Jones, Ms. Reaper
16 and Mrs. Lyons, and as well, serving as a relief
17 nurse from Ward 4A was Ms. Nelles? Do I have that
18 correctly?

19 A. Yes.

20 Q. And that night Kevin Pacsai
21 was still in room 431, this time in the care of
22 Ms. Nelles?

23 A. Yes.

24 Q. She, however, appears to have
25 had a number of other patients at the same time?

A. Yes, she had four in room



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437 and she was also giving the medications for all the patients in 431.

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A. Yes.

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Q. Now, apart from Kevin Pacsai, I am interested, as well, in the entries which apply to Michelle Manojlovich, who was on that day a patient on Ward 4B. It is our understanding that she died on the same day as Kevin Pacsai, that is March 12th, although much earlier in the morning, at approximately 3:30?

Q. Do I have it correctly that the same Ward 4B nurses were on duty during the day with respect to that child, for obvious reasons, as were on duty for Kevin Pacsai?

A. Yes.

Q. She, however, appears to have been in a different room, room 438 in the care of Mrs. Whittingham?

A. Yes.

Q. And Mrs. Whittingham, as well, had a patient in room 439 and two in room 414?

A. From 7 to 3 she only had the two; from 3 to 7 she had four, yes.

Q. Quite right. Then that evening, Michelle Manojlovich appears to have been in



1

2

the same room, but this time in the care of

3

Ms. Harwood-Jones?

4

A. Yes.

5

Q. And Ms. Harwood-Jones had one

6

other patient to care for in room 439?

7

A. Yes, as well as doing treat-

ments and medications in room 433.

8

Q. Do those entries, then,

9

indicate that Michelle Manojlovich was on shared

10

care nursing that evening?

11

A. No, she was not on shared

12

care, but she was on a limited assignment, the

13

difference being that if she were on shared care

14

Ms. Harwood-Jones would have had to stay in that

15

room, but Michelle was alone in 438. She was not

required to stay with her.

16

Q. If a nurse is assigned for

17

any particular shift only two patients to care for,

18

is that not shared care nursing, as it was under-

19

stood, on the wards?

20

A. Not unless they were in the

same room.

21

Q. I see. So the fact that these

22

two patients were in different rooms indicates that

23

that child was not on shared care nursing?

24

25



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2 A. It probably means if
3 there were two that they needed quite a bit of
4 care or observation or both, but it was not shared
5 care.

6 Q. Could I ask you as well,
7 please, if you would, to look very quickly at the
8 Ward 4A WIN sheet, again for March 11th?

9 A. Yes.

10 Q. I am told that we are going
11 to have to deal simply with the front of the page
12 this time. My friend does not have it today and
13 neither do I, but could we look simply at the
14 entries on the front of the page. I am interested,
15 first, in the day shift on March 11th, on Ward 4A
16 when Kevin Pacsai was admitted, and I take those
17 to have been Mrs. Radojewski, Ms. Ganassin,
18 Ms. Partridge, Ms. Cooney and Ms. Brownless; am
19 I reading that correctly?

20 A. Yes, and I think a Ryerson
21 student or several Ryerson students.

22 Q. And that was for, it appears,
23 part of the day?

24 A. Yes.

25 Q. And the night shift, according
to the WIN sheet entries, appears to have been comprised



1
2 of Mrs. Trayner, Ms. Nelles, Ms. Scott and
3 Ms. Christie?

4 A. Yes.

5 Q. The progress notes in
6 Kevin Pacsai's medical record suggest, as you
7 indicated a moment ago, that he was admitted mid-
8 afternoon on March 11th, and you have told us that
9 you saw him at that time. Did you, as well, while
10 you were on duty on March 11th, have the opportunity
11 to see and observe Michelle Manojlovich?

12 A. Yes.

13 Q. Can you help us, please, as
14 to what you felt her condition to be when you left
15 work that day?

16 A. Michelle had been considered
17 to be quite ill for a quite a while. She had had
18 a rough course with a lot of problems since her
19 surgery. She was not necessarily considered to
20 be more ill that day than the day before or a few
21 days before, but she was considered to be quite
22 ill.

23 Q. Was she a patient on the
24 severely ill list that day, as best as you can
25 recall?

A. I am sorry, I cannot answer



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without looking at those reports that we do not have.

3

Q. Well, do you recall,

4

Ms. Costello, when you left work whether or not you regarded her condition at that time to be grave?

5

6

A. Semantics is tangling me up,

7

as it did yesterday. Yes, she was quite ill.

8

Whether she was critically ill at that moment, no more so than she had been the day before.

9

Q. Did you regard her being at

10

imminent risk of death when you left work?

11

A. No.

12

Q. May we deal, first, then, with

13

the death of Kevin Pacsai and what you learned when you came to work on March 12th after his death.

14

I take it that you were told that he had been transferred from Ward 4B to the Intensive Care Unit?

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A. Yes.

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Q. And by the time that you arrived on duty he would effectively have been in the Intensive Care Unit but would not yet have died. Do I have that correctly?

A. Yes, that is correct.

Q. Did you speak directly with any of the Ward 4B nurses who had been on duty during the night as to Kevin's condition when he left Ward 4B?

A. Yes, I would think to the team leader who gave report, which I have lost again who that was.

Q. Do you recall speaking to Miss Nelles who had responsibility for Kevin Pacsai that evening?

A. No, I don't.

Q. Can you help me please as to whether any concerns were expressed by the team leader who gave you report as to Kevin's condition when he actually left the ward and went to ICU?

A. Oh, yes, she was very upset that this baby's condition had deteriorated.

THE COMMISSIONER: Whom are we speaking of?

THE WITNESS: Pacsai, Kevin Pacsai.



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THE COMMISSIONER: Yes, but who was
the team leader?

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THE WITNESS: Mary Jean Halpenny,
I think.

5

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MS. CRONK: Q. I'm sorry, she was
concerned about his condition?

7

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A. Yes, that his condition
had deteriorated overnight, that he had arrhythmias,
that he had been quite ill, that he hadn't responded
well to the medical treatment and that he had been
transferred to the Intensive Care Unit.

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Q. Did she describe to you
the episode which had occurred on Ward 4B when
Kevin Pacsai ran into difficulty and Dr. Costigan
was summoned?

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A. I am sure she did. I don't
have a detailed memory of that now.

17

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Q. Was it suggested to you at
any time prior to Kevin Pacsai -- prior to your
learning of Kevin Pacsai's death that he may have
suffered from digoxin intoxication?

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A. No.
Q. Did you have an opportunity
when you came on duty that morning to discuss Kevin
Pacsai with Dr. Costigan?



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A. Not with Dr. Costigan.

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Q. All right. Do you recall discussing it with any of the physicians who had been on duty between the hours of 4:00 and 6:00 a.m. that morning?

A. No.

Q. Subsequently I take it that you did learn that Kevin Pacsai had died in the Intensive Care Unit?

THE COMMISSIONER: I'm sorry, you will have to follow that up. You said not with Dr. Costigan and not with any physicians. Did you discuss it with anyone?

THE WITNESS: With the physicians who had been on duty that night?

THE COMMISSIONER: Well, with anyone.

THE WITNESS: I discussed it with Mary Jean Halpenny and at some point I discussed it with other physicians, Dr. Schaffer being one that I do remember; later Dr. Fowler.

MS. CRONK: I was going to take it in two stages, sir.

THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. Do I have it correctly then that prior to learning that Kevin Pacsai had



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died in the Intensive Care Unit you had not discussed the possible involvement of digoxin intoxication with any physician or any nurse?

A. No, I had not.

Q. And subsequently I take it that you did learn that the child had died in the Intensive Care Unit later that morning at approximately ten o'clock?

A. Yes, I did.

Q. How did you learn of his death?

A. I can just theorize. Usually the Intensive Care Unit telephoned us, but I can't remember exactly.

Q. All right. Upon learning of his death, do you recall having a specific discussion with Dr. Costigan concerning the manner and time at which that child had died?

A. No.

Q. You have told us however that you did discuss his death with Dr. Schaffer.

A. Dr. Schaffer came to ask me specifically if I thought there was some reason why Kevin would have an elevated potassium level.

Q. When did Dr. Schaffer speak



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to you about the matter?

3

A. I'm sorry, I can't recall

4

when.

5

Q. Do you recall whether it was

6

the same day; was it several days after his death?

7

A. Very soon after, the same

8

day or the next day, approximately.

9

Q. During the course of your

10

discussion with Dr. Schaffer, was the possibility of
digoxin involvement or digoxin toxicity raised?

11

A. No.

12

Q. Was the conversation then

13

restricted to the elevated potassium levels that
Kevin had had?

14

A. Yes.

15

Q. And was there in your view,

16

based upon your knowledge of his case, an explanation
for the elevated levels that he had experienced?

17

A. There was not but he had

18

an elevated potassium in Hamilton, both at St.

19

Joseph's and at McMaster Hospital before coming to

20

our Hospital. I am not sure that I was aware of that
immediately.

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Q. Well, do I have it correctly,

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Miss Costello, that by the time that you reported for

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work on March 11th Kevin Pacsai's medical record would have left the ward accompanying him to the Intensive Care Unit?

A. Yes, it would.

Q. At any point on March 11th or thereafter did you have an opportunity to review the medical record of Kevin Pacsai?

A. Only in the process of getting ready for this investigation.

Q. You had had limited exposure to that child on the day that he was admitted. What then was Dr. Schaffer asking you to do, if anything, with respect to the elevated potassium levels?

A. To assess whether I believed there was any way that he could have been given extra potassium.

Q. And did you enquire into that matter?

A. Yes.

Q. Of whom did you enquire?

A. The nurses, some of the nurses. I didn't enquire with them all.

Q. The nurses who had been on duty the night of the child's death?

A. Not Miss Nelles who had him



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in particular. As far as I know she wasn't there the next day and I didn't make a point of calling her.

Q. Did you speak -- you are talking now about the Ward 4B nurses or are you talking about the Intensive Care Unit nurses?

A. Oh, 4B. It wasn't my responsibility I didn't think to worry about Intensive Care Unit nurses.

Q. Did you as part of the enquiries that you were making review the medications that Kevin Pacsai was recorded as having received?

A. Yes.

Q. And what was your conclusion, based both on your discussions with the Ward 4B nurses and your review of the medications that he had received?

A. That he wasn't given potassium.

Q. Did you have a further discussion with Dr. Schaffer after you had made those enquiries?

A. I think I probably reported to Dr. Fowler rather than Dr. Schaffer.

Q. Well, did you make those enquiries in Dr. Schaffer's presence or did you do it



D8

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after his departure from the ward?

3

A. No, after.

4

Q. Apart from his enquiry with respect to the elevated potassium level, did he express any other concern to you regarding the cause of that child's death or the circumstances surrounding his death?

5

6

7

8

A. Wonder. I don't think that he appeared to be aware of why the child died.

9

10

Q. Well, did he express any concern to you or raise any question with you as to the possible involvement of any other medication or drug other than potassium?

11

12

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A. No, he did not.

14

15

Q. Did he review with you the child's clinical condition?

16

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A. Yes, I think we talked about it.

18

19

Q. Did he, as best you understood it, regard the death of this child as unexpected?

20

A. Yes.

21

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Q. Did he, during the conversation that you had with him, indicate that Dr. Costigan was concerned regarding the possible involvement of digoxin in the child's death?



D9

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A. Not that I can recall.

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Q. Did you have any discussion
at any time with Dr. Costigan with respect to that
matter?

5

6

A. No.

7

8

Q. Did you become aware at any
time that Dr. Costigan had those concerns?

9

10

A. I know now, I think I learned
from reading the record later, much later.

11

12

Q. Were you aware of the fact,
Miss Costello, that a sample had been taken from Kevin
Pacsai, a blood sample, on his admission to the
Intensive Care Unit for digoxin testing?

13

14

A. Yes.

15

16

Q. Did Dr. Schaffer inform you
of that?

17

18

A. I don't know how I knew;
I'm sorry, I just don't know.

19

20

Q. All right. Were you aware
as well as to the level, the digoxin level, that had
been realized when those tests were conducted
on the blood sample that was taken in the Intensive
Care Unit?

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A. At some point I was, I don't
know when and now I don't remember what it was.

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Q. During the course of your enquiries with the Ward 4B nurses who had been on duty the night previously, did any of them suggest to you that digoxin may have been involved in that child's deterioration as they saw it on Ward 4B?

A. No.

Q. Was indeed the possible involvement of that drug raised with you by any of the nursing staff at any time?

A. No.

Q. As you understood it, did the Ward 4B nursing staff when they learned of his death regard it as unexpected?

A. Yes.

Q. Did you seek, apart from your discussion with Dr. Schaffer, any explanation from any of the other cardiologists as to the cause of that child's death?

A. With Dr. Fowler.

Q. When did you first speak with Dr. Fowler concerning Kevin Pacsai?

A. Probably March 12th, I am not sure.

Q. Can you help me as to why March 12th stands out in your mind?



1
D11 2 A. The day of Kevin's death.

3 Q. Do you recall telling Dr.
4 Fowler at that time the results of your enquiries
5 concerning the potassium levels that he had?

6 A. In some way I think so. I
7 think that he commented too that he wondered why
8 Kevin's potassium was high; and in response to that,
9 yes.

10 Q. During your discussion with
11 Dr. Fowler was it suggested at any time that digoxin
12 may have played a role in the child's death?

13 A. I am not positive of my
14 memory. I think there was some discussion regarding the
15 role of the high potassium and as that interrelated
16 with digoxin, there was a little concern in that
17 direction.

18 Q. Was it your understanding,
19 having spoken with Dr. Fowler you think on March 12th,
20 that there was an issue as to Kevin Pacsai's digoxin
21 levels?

22 A. I wasn't aware of a high
23 level but I was aware of his concern because of the
24 high potassium level, the therapeutic dose of digoxin
25 that he was on might have been magnified in effect.

Q. What was the result of your



D12

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discussion with Dr. Fowler?

3

A. Worry.

4

Q. Did he ask you to make any
further enquiries?

5

A. No, not at that time.

6

7

Q. Did you as part of your
review of the medications that Kevin Pacsai had
been recorded as having received, review as well
the doses of digoxin that had been prescribed for him?

8

9

10

A. Yes.

11

12

Q. And in your judgment, having
reviewed those doses, were they appropriate for the
child given his condition, weight and age?

13

14

A. Yes.

15

16

Q. Did you discuss with any of
the individuals who had administered medications to
him the administering of the doses of digoxin that
had been prescribed for him?

17

18

A. Later.

19

Q. And when was that discussed?

20

A. March 23rd evening.

21

Q. So between the time period
of March 12th, the morning of his death, and March
23rd, do I have it correctly that you did not dis-
cuss the doses of digoxin administered to Kevin Pacsai

22

23

24

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D13 1
2 with any of the nurses who had been involved that
3 night?

4 A. No. Perhaps it would help to
5 explain if I tell you that I was on vacation and out
6 of the city from March 16th to the 22nd.

7 Q. All right.

8 A. Yes, March 22nd, I think maybe
9 I did hear of it when Liz telephoned me, she told
10 me that Kevin Pacsai had an elevated digoxin level.

11 Q. All right. Well, I will
12 come back to that conversation in a moment then. But
13 I take it that from March 12th until as best as you
14 can recall it March 22nd you had no discussion with
15 any of the nursing staff who had been on duty as to
16 the digoxin that child had received?

17 A. No.

18 Q. Was it at any point suggested
19 to you prior to the evening of March 22nd that he
20 may have received an additional or an excess dose of
21 digoxin?

22 A. No.

23 Q. May we turn then to the case
24 of Michelle Manojlovich for a moment. She died the
25 same day earlier in the morning, again on Ward 4B.
When you came in to work on the morning of March 12th



D14

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you were told of Kevin Pacsai's transfer, were you
as well told by the nurse in charge the previous
evening of Michelle Manojlovich's death?

5

A. Yes.

6

7

Q. Were concerns expressed to
you at that time as to the cause of her death?

8

9

10

11

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14

A. Not specifically. Yes, in a
way, but I think that we knew that Michelle was
ill and was in danger of dying, I think. I don't
know how to say this without it being misinterpreted
but I think there was some surprise she died that
night but I think we never can predict when a child
will die, and she was one that we thought was at
high risk of dying.

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Q. You have told us that there
was concern on March 12th as to the cause of Kevin
Pacsai's death and various other factors that apply
to him. Did there seem to be the same level of
concern with respect to Michelle Manojlovich's
death?

20

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A. The biggest issue around
Michelle's death seemed to be concern for her mother
who was extremely upset and was not with her when she
died.

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Q. We have seen that Miss



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Harwood-Jones was assigned responsibility for this patient during the course of the evening on March 11th. Did you discuss the death of that child with her when you reported to work on March 12th?

A. I did but I can't tell whether that was the day, I think so.

Q. To the best of your knowledge, was there a concern expressed regarding the way in which that child had died or the timing of her death?

A. No, not particularly. The timing of her death in that it was an awful night, we had two deaths -- or two cardiac arrests and one death.

Q. Was it ever suggested to you that digoxin may have been involved in the death of Michelle Manojlovich?

A. No.

Q. Was it ever suggested to you that she may have received an excessive or additional dose of digoxin?

A. No.

Q. You were on duty the next day as well, as I understand it, that is March 13th; is that correct?

A. I think so, yes.



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Q. On that day Kristin Inwood died, again on Ward 4B. When you arrived at work on March 13th were you informed of the death of Kristin Inwood?

A. Yes.

Q. Could you turn if you would please to the Ward 4B assignment book again, this time for March 12th. That is Tab 14, Miss Costello, page 128.

A. Yes.

Q. Am I interpreting the entries correctly if I suggest that the night shift of nurses on Ward 4B the night of Kristin Inwood's death were Miss Halpenny, Miss Reaper, Miss Harwood-Jones and Mrs..Scott?

A. Yes.

Q. Mrs. Scott was relieving from Ward 4A?

A. Yes.

Q. Kristin Inwood appears to have been in Room 431 assigned to the care of Miss Harwood-Jones?

A. Yes.

Q. Could you turn as well please back to Tab 13, which is the Ward 4A assignment book



1
D17 2 entries, page 160-161. Do you have that, Miss
3 Costello?

4 A. Yes.

5 Q. The Ward 4A night staff the
6 night that Kristin Inwood died is recorded as being
7 Mrs. Trayner, who was in charge, Miss Nelles, Mrs.
8 Scott and Mrs. Christie. Do I have that correctly?

9 A. Yes, except that Mrs. Scott
10 was working on 4B.

11 Q. Yes, thank you. Kristin
12 Inwood, according to the assignment books, had been
13 assigned to Room 431 during the day on March 12th
14 as well as during the evening of March 12th. Did you
15 have an opportunity to observe her before you
16 completed your day shift on March 12th?

17 A. Yes.

18 Q. And how would you describe
19 her condition when you left work that day?

20 A. Ill but not critical.

21 Q. Again, not a patient on the
22 seriously ill report?

23 A. Very young and serious
24 condition of her heart, but, no, not on the seriously
25 ill list.

Q. Not considered to be at



1
D18 2 imminent risk of dying?
3 A. No.
4 Q. Was there in your own mind
5 any particular concern regarding that child when you
6 left work?
7 A. No.
8 Q. She was not as I understand
9 it on constant care the night of her death?
10 A. No.
11 Q. Were concerns expressed to
12 you on March 13th when you came in to work regarding
13 the cause of that child's death?
14 A. Yes, regarding the surprise
15 of it mostly.
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Q. Was there any suggestion at that time that the manner in which she had died or the symptoms that she had displayed were unusual having regard to her condition?

A. She had an arrhythmia which at that time was not explained. She had not had her cardiac catheterization, she did not have a complete diagnosis. She should have had a heart catheterization that day had she lived and we would have been more clear what her diagnosis was and what to expect.

Q. Do you recall who expressed concern to you regarding the timing of her death?

A. Specifically the team leader giving report, I don't know whether the other nurses were involved. Later definitely I do remember Mary Jean Halpenny but I don't see that day - it would have been Mary Jean who was in charge that day.

Q. Later you say you do recall Ms. Halpenny, was that a discussion you had with her the same day regarding this child, or one after that?

A. Both.

Q. Did she express any concerns other than surprise at the time at which the child had died?

A. That day I think she did express



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that and stress that so many deaths in such a short period, and worry, again like I told you yesterday, did we do everything, was there some way we could have prevented that.

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7

Q Did she seem to be puzzled in your discussions with her as to why Kristin Inwood had died?

8

9

A Yes.

10

11

Q As you understood it was that the impression generally of the nurses on Ward 4B?

12

13

14

Q Did you discuss the death of Kristin Inwood with Ms. Harwood-Jones who again had had responsibility for her during the night of her death?

15

16

17

A I think she was there in a discussion with Mary Jean Halpenny, I can't tell you specifically.

18

19

20

21

Q Do you recall any suggestion having been made to you at any time, on that day or thereafter, by any member of the nursing staff that digoxin toxicity may have played a role in that child's death?

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A No.

Q After learning of this series of



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deaths on the ward, there were several who we have seen in rapid succession, did you discuss those deaths particularly with any of the cardiologists other than the discussions you held with respect to Kevin Pacsai?

A. I think that I probably talked about Kristin Inwood whoever was the cardiologist on March 13th, I don't remember who he was, and that was the last day I worked until the 22nd.

Q. Do you recall specifically having done so, or are you assuming that you did?

A. I am assuming that I did talk with the cardiologist that day but I don't remember specifically.

Q. Was any member of the cardiology staff able to offer an explanation which you felt to be adequate as to the cause of death of Kristin Inwood?

A. Not that day.

Q. Subsequently?

A. I think that later it was mentioned that she had a very severe coarctation of the aorta and that she needed surgery very soon.

Q. Did you understand that to be an explanation as to why she died at the time that she did?



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A. A possible one.

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Q. We know from prior evidence,

4

Ms. Costello, that Kristin Inwood received a dose of digoxin intended for Kevin Pacsai in the very early hours of March 12th.

5

6

A. Yes.

7

Q. You aware of that incident you

8

have told us?

9

A. Yes.

10

Q. Other than that incident, did

11

any member of the nursing staff or the medical staff on those two wards ever tell you or suggest to you that Kristin Inwood had received another dose of digoxin in error?

12

13

14

A. No.

15

Q. Was there any suggestion that

16

any other medication error might have occurred with respect to that child other than the one that had previously been reported?

17

18

A. No.

19

Q. By the time Kristin Inwood died,

20

Ms. Costello, there had been seven deaths in 12 days on Wards 4A/B, four of them I suggest closely

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associated with your own ward; Kevin Pacsai had died having been transferred to the Intensive Care Unit;

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Jordan Hines, Michelle Manojlovich and Kristin Inwood had all died in Ward 4B. Did it occur to you at that time, Ms. Costello, on learning of those deaths that something untoward may have occurred on the wards?

A. Clustering, but no I didn't think of reasoning for it. I was worried and upset and not too happy to go and leave on holidays.

Q. When were you scheduled to go on holidays?

A. That weekend.

Q. And you did go on holidays, you have told us?

A. Yes.

Q. And when was your next day back at work?

A. March 23rd.

Q. You have told us that several of the deaths that did occur on Ward 4A/4B were in your judgment and in the perception of the other nurses on the wards as you understood it, unexpected?

A. Yes.

Q. In your mind was there an explanation for the deaths of Jordan Hines, Kevin Pacsai and Kristin Inwood?

A. At that time, no.



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Q. Would it be fair of me to suggest, Ms. Costello, that at the time Kristin Inwood died the tension on Wards 4A/4B having regard to the number of arrests was very high indeed?

A. Very high.

Q. Was there not enormous anxiety about these deaths?

A. Yes.

Q. Was that intensified by the fact that Jordan Hines, Kevin Pacsai, Kristin Inwood had all appeared to die unexpectedly without any apparent explanation?

A. Yes, that is a more tension-producing type of death definitely than one that is expected, and yes, the answer is yes.

Q. Did any member of the nursing staff or any physician connected with those two wards after the deaths of those three children suggest to you that it was possible that something untoward had been happening on the wards?

A. No, not at that time.

Q. With the exception of Kevin Pacsai and your discussion with Dr. Fowler was any suggestion ever made to you before you left on holidays that digoxin may have been involved in some of these deaths?



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A. No.

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Q. Did you in your own mind arrive at any conclusion or belief as to what was causing the death of these children at that time?

5

6

A. No, I did not.

7

8

9

Q. Were any steps taken at that point, that is March 12th, the day of Kristin Inwood's death, of which you are aware, by senior nursing representatives to investigate these deaths further?

10

A. No.

11

12

13

Q. Are you aware of any action being taken at that time by the physicians or the Hospital administration to inquire further into these deaths?

14

15

16

17

A. I think that Dr. Fowler told me that he had called the coroner about Kevin Pacsai's death. The reason that he gave me was that as he considered it more or less unusual behaviour of the father.

18

19

20

Q. When did you first become aware of the digoxin levels that were recorded on Kevin Pacsai?

21

A. March 22nd, evening.

22

Q. How did that come about?

23

A. Liz told me on the phone.

24

25

Q. Was that the first time that you



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had discussed any of these deaths with anyone from
the Hospital since leaving the Hospital for holidays
on March 14th?

4

A. Yes.

5

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Q. What was the purpose of Mrs.
Radojewski's call to you as you understood it?

7

8

A. There is something very alarming
happening on our ward. If I were in your shoes and
just coming back from holidays I wouldn't want to
walk in on Monday morning to this without having some
awareness of it. The Golden Rule, I am telling you
things are very unusual so you are a little prepared
for it.

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MR. BROWN: I am having difficulty in
hearing the witness, perhaps she can speak up a bit?

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THE COMMISSIONER: I am just wondering
though, Mrs. Radojewski is being called. If it leads
to something that Ms. Costello has done, that is fine,
why would we be having what Mrs. Radojewski reported?

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MS. CRONK: Well in my submission,
sir, having regard to the events of the following
day, it is important for you to know what information
was conveyed to Ms. Costello on the Sunday evening
and what her understanding was of the circumstances
that applied on the wards before she went back to



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work on Monday, March 23rd.

THE COMMISSIONER: Well, there has been no objection.

MS. CRONK: There has, sir, and I am responding to it.

THE COMMISSIONER: I am the only person who has objected to it and I won't press it further.

MS. CRONK: I am sure my friends will be on their feet if I traverse into improper water, sir.

Q. Ms. Costello, what did you learn regarding the deaths on the ward as a result of your discussion with Mrs. Radojewski that Sunday evening?

A. I learned that Allana Miller and Justin Cook had died on the weekend.

Q. Did you learn as well the digoxin levels that had been recorded on either or both of those children?

A. No.

Q. Was any information previously unknown to you provided to you with respect to Kevin Pacsai that evening?

A. Yes, that there was concern about a high digoxin level in Kevin Pacsai.

Q. Were you in fact informed as



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to what his level was?

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A. I don't know at what time I was,
at some time I became aware that it was 25, it may
have been that evening or the next day.

6

7

Q. To the best of your recollection
was the matter of his digoxin level discussed between
you that evening with Mrs. Radojewski?

8

9

A. No, there was so much discussion,
I don't think, she just told me.

10

11

12

Q. Were you informed as a result
of your discussion with Mrs. Radojewski of the
involvement of the coroner into Kevin Pacsai's death?

13

14

15

A. Yes, and I think I knew that
Dr. Fowler had called him before I left definitely,
and that from Liz that there was a coroner's
investigation in progress during that weekend.

16

17

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Q. What did you understand to be
the prevailing conditions on the ward as a result of
that conversation?

19

20

A. Fear, very unusual - are you
still having trouble?

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MR. BROWN: No.

THE WITNESS: There were unusual
things happening. One was that nurses "supervisors"
but not the usual supervisors were on the ward



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carrying the keys observing every medication that

3

was drawn up and given by our nurses. Digoxin had

4

been locked up and became a controlled drug.

5

Admissions were cancelled to our ward, both wards.

6

Some patients were being transferred off the ward.

7

No one was able to - no nurse, and Liz in particular,

8

was able to get any answer from anyone why all this

9

was happening.

Q Anything else?

10

A That is generally what I remember

11

now.

12

Q When did you understand the

13

nursing supervisors had begun to attend on the ward

14

to observe the giving of medications?

A I am not sure, Sunday I think.

15

Q When did you understand that the

16

digoxin on the ward had been locked up?

17

A Saturday evening.

18

Q During the course of your

19

discussion with Mrs. Radojewski was she able to offer

20

any explanation for the deaths of Allana Miller and

21

Justin cook?

A No.

22

Q I take it then you did report

23

for work the following morning on March 23rd?

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A. Yes.

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Q. Were you aware upon reporting for work that the Metropolitan Toronto Police, or at least representatives of that Police Force were in the Hospital?

7

A. No.

8

Q. Did anything unusual happen that day?

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A. The unusual things that I have just described to you, they were still happening, the staff were very upset and frightened and we had no answers. I met Ms. Geiger, who was our Director of Nursing, and she said - by meet, I mean walked past her, and she said to me, "I will talk to you later in the day about what is happening." I told her that Liz Radojewski had phoned me the evening before and I had some idea. She expressed that she was unhappy about that, she would have preferred that I had not worried about it the evening before. I disagreed, I would have preferred some warning, and that was the end of that conversation.

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Q. Were you during the course of the day, or on Monday, invited to attend a meeting with representatives of the Metropolitan Toronto Police Force?



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A. It turned out that is what it was, but I was invited, it was either definitely told to me or intimated that I was going to meet with the coroner or some representative of the coroner.

6

Q. Who asked you to do that?

7

A. I think Anne Evans.

8

Q. Do you recall when that was?

9

A. When she asked me? I believe late morning or towards noon.

10

Q. Did you attend the meeting?

11

A. Yes, I did.

12

Q. Where was that held?

13

A. The south boardroom in the Hospital.

14

15

Q. Who was in attendance at the meeting?

16

A. Ms. Geiger, Anne Evans.

17

THE COMMISSIONER: I am sorry, Miss?

18

THE WITNESS: Geiger.

19

THE COMMISSIONER: Who was she?

20

THE WITNESS: Director of Nursing, Anne Evans, Assistant Director of Nursing.

21

THE COMMISSIONER: Is that Miss Evans?

22

THE WITNESS: Yes. Liz Radojewski and me and Sergeant Warr.

23

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MS. CRONK: Q. Sergeant Warr of the
Metropolitan Toronto Police Force?

4

5

A. That is what I realized when he
introduced himself.

6

7

Q. What time did you arrive at the
meeting?

8

9

A. I can't be accurate, I think it
was early afternoon, maybe two.

10

11

Q. What did you understand was the
purpose of the meeting that you were being asked to
attend?

12

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A. When I came I didn't know what
it was about. I suppose I intimated that it was
about - it was related to the same thing, the
peculiar circumstances on the ward. I thought I was
going to visit a coroner and I thought the coroner
was investigating Pacsai's death. I didn't know
whether the coroner was involved with the other deaths.
I know I was asked to bring the WIN sheets and
Assignment Book.

20

21

Q. May we stop there for a moment,
who asked you to do that?

22

23

24

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A. Anne Evans.

Q. That is the Assignment Book for
Ward 4B?



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A. Yes. And Liz brought 4A.

3

Q. Were you asked to bring

4

specifically all of the assignment books, or only one

5

or two in particular? What precisely were you asked

6

to bring to the meeting?

7

A. I brought the current Assignment

8

Book, I don't remember how many WIN sheets I brought.

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Q. Were you asked to bring anything else to the meeting by Miss Geiger?

A. No.

Q. Did you bring anything else to the meeting?

A. No.

Q. When you arrived at the meeting, was there a coroner in attendance insofar as you were aware?

A. No.

Q. Other than Sergeant Warr, was any other representative of the Metropolitan Toronto Police in attendance?

A. No.

Q. Was Sergeant Warr in uniform?

A. No.

Q. How did you know, then, that he was with the Metropolitan Toronto Police Force?

A. When we walked in he stood up and I think he said Homicide Officer Warr, which was very shocking.

Q. Why was it shocking?

A. Because I had no idea that anyone thought of homicide. I knew what homicide meant, but I wished that maybe I could get to a



1
2 dictionary and it would say that there is more than
3 one meaning for it. In the meantime, I have to live
4 with what I think it means, and that is very
5 frightening.

6 Q. Did Sergeant Warr or anyone
7 else at the meeting explain why you were there?

8 A. I assumed partly why I was
9 there from the questions he asked me.

10 Q. Well, what information were
11 you asked to provide at that meeting?

12 A. I was asked to read from the
13 assignment books for specific dates given to me by
Sergeant Warr.

14 Q. Did you do that?

15 A. Yes. I read from 4B's and
16 Liz read from 4A's.

17 Q. Do you recall what dates were
18 involved?

19 A. I think the only one that I
20 read from 4B's assignment would have been the date
of Kevin Pacsai's death, March 11th and 12th.

21 Q. Do you recall what dates --
22 the entries for what dates Mrs. Radojewski was
23 asked to read?

24 A. March 20th, 21st, I think,
25



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and the date in January when Janice Estrella died.

3

4

Q. Was any mention made of
particular children or patients during that meeting?

5

6

7

A. Yes, as I recall, I was aware
that the concern centred on Justine Cook, Allana
Miller, Kevin Pacsai and Janice Estrella.

8

9

Q. How did you become aware of
that?

10

11

A. Something Sergeant Warr said,
I cannot quote him. Maybe it was that he asked us
to read the assignments that included those patients.

12

13

Q. Well, were you asked to read
from the assignment book for any other date?

14

A. No.

15

16

17

Q. Was Mrs. Radojewski asked
to read from the assignment book for any dates
other than the weekend of March 20th or the day
upon which Janice Estrella had died?

18

A. And March 21st.

19

20

Q. I am sorry, the weekend of?

21

22

23

Q. And the date Janice Estrella
died, other than that, was she asked to read the
entries for any other date?

24

A. No.

25



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Q. Did you leave the assignment books
with Sergeant Warr?

4

A. Yes.

5

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Q. Did you leave the WIN sheets
with Sergeant Warr?

7

A. Yes.

8

9

Q. Were you asked to provide him
with any other information other than reading from
the assignment books?

10

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A. He asked where is digoxin kept,
where does it come from, how does it get to the ward,
where is it stored, who has access to it, where is
formula kept, how does it get delivered to the ward,
where is it stored, who has access to it, who has
access to the ward in general.

16

Q. Anything else?

17

A. I do not remember other
questions. There may have been.

18

19

20

Q. Were those questions addressed
to you specifically or generally to those who were
at the meeting?

21

22

23

A. Generally, but I think Liz
and I did all the answering. I do not think
Miss Geiger and Anne Evans participated.

24

25

Q. Was Mrs. Radojewski, in your



1
2 presence, asked to provide any other information
3 other than what you have outlined?

4 A. Not that I recall, no.

5 Q. Were either Miss Geiger or
6 Mrs. Evans asked to provide any information during
7 the course of the meeting?

8 A. No, except that the questions
9 were open, I guess, to whoever wanted to answer.

10 Q. How long did the meeting last,
11 as best as you can recall it?

12 A. Approximately an hour.

13 Q. Did you leave after an hour?

14 A. I left with Liz Radojewski
15 when we were somehow given dismissal by somebody.
16 I do not even know who. I cannot tell you exactly
17 now, but whenever the meeting seemed to end,
18 we left together.

19 Q. Were Miss Geiger and Mrs. Evans
20 still at the meeting when you left with
21 Mrs. Radojewski?

22 A. Yes.

23 Q. During the course of that
24 hour, did anyone else join the meeting who had not
25 been there at the beginning?

A. No.



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Q. When you were asked by Sergeant Warr or when those present at the meeting were asked by Sergeant Warr who had access to the wards generally, did you respond to that?

A. As I remembered, we both kept saying whoever as we thought of it.

Q. Do you recall what information was provided to Sergeant Warr with respect to that question?

A. Not specifically, but I think we related everyone we could think of who had access to the wards, and I do not know whether this was related to nighttime or 24 hours.

Q. As best as you can recall it during that nine month period who, in the normal course, would have had access to Wards 4A/B?

A. Are you talking about 24 hours?

Q. Yes. Sorry, let us deal with the night shift.

A. All right. In a way no one did not have access because the doors were not locked. It was a public hospital. Anyone could come in at any hour.

Q. Did you tell Sergeant Warr that?



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A. I do not know whether I was thinking clearly enough to say that at that time or not.

4

5

Q. Do you recall anyone else telling him that?

6

A. I am not sure.

7

8

Q. Did you recite the types of individuals who would have had access at night to Wards 4A/B?

9

A. Yes.

10

11

Q. Can you recall now who you outlined would have access?

12

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14

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A. We talked about pediatric and cardiology residents, cardiology fellows, cardiologists, housekeeping, in particular, the garbage collector, the person from nursing office who picked up the NARvel sheets and the census sheets, parents, families, nursing supervisors. That is all that I can think of at the moment.

18

19

20

Q. I take it that the nurses who were on duty on Wards 4A/4B would obviously have access to the ward opposite?

21

A. Yes.

22

23

Q. Would nurses from other wards also have access to Wards 4A/4B at night?

24

25

A. Yes.

Q. Would doctors from other wards?

A. Yes.



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Q. Would lab technicians?

4

A. Lab technicians did not

5

routinely work at night. They could be called in,

6

but when they were called in, usually they did not
come to the ward to collect the specimen. They went

7

to the lab and the specimen was delivered to them.

8

Q. Would it be unusual, then, to

9

see a lab technician on the wards at night?

10

A. Yes.

11

Q. Would it be unusual to see

a parent on the wards after midnight?

12

A. No.

13

Q. Why was that?

14

A. Because we believed in 24 hour

15

visiting for parents if conditions warranted. We

16

did not have the space for every parent to stay 24

17

hours. Philosophically that would have been good,

18

but the space did not permit.

19

So parents who have more ill children,

20

more anxious parents, mothers who were breastfeeding,

21

parents of children who did not speak English, many

22

reasons like that or even if the parent just asked to

23

stay, we very often made arrangements that the

24

parent or a substitute person like a grandmother

25

could stay.



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Q. And if they did stay overnight,
be it a parent or a surrogate parent, a substitute
parent, was there a particular location on the wards
where they spent the night?

A. Sometimes they stayed right
beside the child's bed in kind of a fold-away cot.
There also were rooms on 4A towards the west end of
the corridor. There was a room ---

Q. Does this help you in
identifying the room?

A. It helps me to find it. This
one.

Q. You are referring to Room 427?

A. Yes, and it had a single pull-
out bed where one parent could stay.

Q. Was there a similar room on
Ward 4B?

A. Yes, it was down this corridor
on the west side and in that there were two single
pullout beds.

Q. You are referring to the
south corridor?

A. Yes.

Q. Was there any other room on
Ward 4A in addition to Room 427 that had accommodation



1
2 for parents to stay and sleep overnight?

3 A. No.

4 Q. You told us previously that
5 the residents' sleeping quarters during this time
6 frame were located along the south corridor leading
7 to Wards 4A/4B; do I have that correctly?

8 A. Actually not even on the
9 south corridor. They were on the E wing which ran
10 out parallel to the east, parallel to 4B, but from
11 the central elevators position.

12 Q. Would any of the residents
13 who happened to be using the residents' sleeping
14 quarters on any particular evening have access to
15 Wards 4A/4B?

16 A. Yes, they would not necessarily
17 come through there but they could.

18 Q. To the best of your recollection,
19 Ms. Costello, were these various categories of
20 persons who might have access to the wards at night,
21 outlined to Sergeant Warr at your meeting with him
22 on March 23rd?

23 A. Yes, I was very frightened
24 at that meeting and I do not know if I was as
25 comprehensive as I can be after thinking longer,
but I tried the best I could to tell him everything

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I could think of at that time.

3

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Q. You have told us, as well,
that those in attendance at the meeting were asked
general questions regarding digoxin. I think you
indicated where it was kept, who would have access
to it, questions of that nature?

8

A. Yes.

9

10

11

Q. Was there any discussion
while you were at the meeting, as best as you can
recall it, regarding the various methods by which
digoxin might be administered to a patient?

12

13

14

15

16

A. I am very unsure of that.
I think then at some stage there was consideration
of intravenous or nasal gastric tube or oral
digoxin, but I cannot be positive that it was at
that meeting.

17

18

19

Q. Was there any discussion
at that meeting, as best as you can recall it,
as to the implications of an intravenous line going
interstitial?

20

21

22

23

A. No, I do not recall that.

24

25

Q. Were you asked at that
meeting or was anyone else asked in your presence
to review specific medical records or medical charts?

A. No, we were not.



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Q. Were you asked to do so
subsequently?

4

A. No.

5

6

7

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9

Q. Was anyone in your presence
at that meeting asked to return at any subsequent
point and to provide further information to Sergeant
Warr concerning the medical condition of any of
the four children who had been discussed?

10

A. No.

11

12

13

Q. Was there indeed mention of
any other child other than the four that you have
indicated while you were at that meeting on March
23rd?

14

A. No, I do not think so.

15

16

Q. What did you understand to
be the concern of Sergeant Warr regarding those
four children?

17

18

19

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21

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A. Those four children's deaths
seemed to be related to high digoxin level, and
because Sergeant Warr said he was from homicide, he did
not tell me, but I assumed that if somebody from
homicide was investigating, somebody must think
there was intentional something which I think I
made up for myself. He did not tell me. If he is
worried about how digoxin levels, must be administration



1
2 of digoxin to those babies.

3 Q. How did you know that he
4 was worried about high digoxin levels?

5 A. Some comment, but I cannot
6 quote it.

7 Q. Were digoxin levels for any
8 of those four children specifically discussed at
9 that meeting, as best as you can recall it?

10 A. I am not sure whether there
11 were numbers or not. I think I knew that they were
12 extremely high.

13 Q. Did you then at that meeting
14 learn that a digoxin level on Allana Miller and
15 Justin Cook had been obtained?

16 A. Yes.

17 Q. And did you learn what the --
18 you have told us you did not learn what the number
19 was. Did you learn whether the level was high in
20 both of those children?

21 A. Yes.

22 Q. Was it your understanding
23 when you left the meeting, Ms. Costello, that there
24 was indeed a coroner's investigation into Kevin
25 Pacsai's death being undertaken at the Hospital?

A. Well, I was rather confused.



F14 1
2 I knew that Dr. Fowler had called a coroner. If
3 homicide personnel were in the Hospital, I did not
4 whether it was still coroners had called homicide,
5 they were working together or what was happening.
6 I did not ask, but I was -- that is probably not
7 answering that question, sorry.

8 Q. Well, were you told what
9 Sergeant Warr's purpose was in the Hospital?

10 A. No.

11 Q. Did you ask?

12 A. No.

13 Q. Did anyone else at the meeting
14 ask?

15 A. No, I think Liz and I were
16 too frightened, and I do not know whether Miss Geiger
17 and Anne Evans already knew.

18 Q. Were you given any instructions
19 either by Miss Geiger, Mrs. Evans or Sergeant Warr
20 before you left that meeting?

21 A. Sergeant Warr I think was the
22 person who told us to continue the pretext with
23 the ward staff that it was the coroner's investigation
24 of Kevin Pacsai's death, to not indicate to anyone,
25 to any of our staff or to anyone that other babies
were involved, that homicide officers were involved.



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THE COMMISSIONER: Other babies
than who?

THE WITNESS: Than Kevin Pacsai.

MS. CRONK: Q. Were you provided
with any other instructions or guidelines of any
kind as to what you were to do?

A. I think either Miss Geiger or
Anne Evans asked one of us to remain until the
police had contacted us again because they may want
you to accompany them to open people's lockers.

Q. Were you requested to do that?

A. No.

Q. Did you remain at the Hospital
after the end of your shift that day?

A. Yes.

Q. For what reason?

A. For the reason that there was
the possibility that I would be asked to do that,
but I was not.

Q. Were you contacted in any way
by any representative of the Metropolitan Toronto
Police that day after your meeting in the afternoon?

A. No, but I did see Sergeant
Warr again, but he did not contact me.

Q. You saw Sergeant Warr subsequently



1
2 that day?

3 A. Yes.

4 Q. Perhaps I will come back to
5 that in a moment.

6 Can we return to the meeting in
7 the afternoon on March 23rd. While you were there
8 meeting with Sergeant Warr, did you observe at any
9 time a chart in the room containing the names of
10 any particular Hospital personnel?

11 A. No.

12 Q. Did Sergeant Warr have any
13 documents with him insofar as you could observe?

14 A. He had papers in front of him.
15 I did not look at them.

16 Q. Were you at any time during
17 the course of that meeting shown a chart containing
18 the names of any particular Hospital personnel and
19 their hours of duty?

20 A. I the WIN sheets with me.

21 Q. Were you shown any documents
22 apart from the ones that you brought in containing
23 that kind of information?

24 A. No.

25 Q. Was there any discussion at
that meeting by anyone who was present while you were



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there regarding any particular Hospital personnel
other than the reading out loud of the names of
nurses who had been on duty on particular days?

A. Not by name. Another thing
that I do remember Sergeant Warr saying or muttering
or something was something about a pattern. I was
too frightened to try to think for myself what that
meant.



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Q. Do you recall specifically

3

what was said in that regard?

4

A. Just the words "apparent

5

pattern".

6

Q. And by whom were they spoken?

7

A. Sgt. Warr.

8

Q. Do you recall what was being

discussed when he made that remark?

9

A. The assignments.

10

Q. I'm sorry?

11

A. The assignments.

12

Q. The assignments of whom?

13

A. The assignments that contained

the four babies that he was concerned with.

14

Q. Are you talking now about the

15

assignment books?

16

A. Yes.

17

Q. Was there any discussion as

18

you can best recall it at that meeting concerning the

19

hours of duty or the attendance on the wards of any

20

of the physicians or cardiologists in the Hospital?

21

A. No.

22

Q. Apart from reading out loud

23

the names of the various nurses and Registered Nursing

24

Assistants who had been on duty at various times, were

25



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you asked at that meeting to comment upon or provide any information concerning the attendance of other people on the wards other than what you have told us about access?

6

A. Yes, just access, that is all that I am aware of.

7

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Q. Were you asked any questions regarding the attendance on the wards of residents, Fellows, staff cardiologists or other Hospital personnel?

11

12

A. No, just the general question about access.

13

14

Q. What did you understand Sgt. Warr to mean when he said there was an apparent pattern?

15

16

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A. My fear was that he was becoming aware of a person or persons that would interest him and if they would interest a Homicide officer I guess I was afraid that he was becoming aware of someone whom he suspected as being involved with giving extra digoxin to those children.

21

22

Q. Did Sgt. Warr at any time during that meeting indicate to you that a particular person or persons was regarded as being suspicious?

23

24

25

A. No.



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2

Q. Did anyone at the meeting ask?

3

A. No.

4

Q. Was there any discussion at

5

the meeting while you were in attendance regarding

6

the fact that the four deaths that were the subject

7

of the assignment books review had occurred on Ward 4A

8

and in the Intensive Care Unit, Kevin Pacsai?

9

A. No, I don't recall that.

10

Q. Was the location of the

11

deaths a matter discussed at all as best as you can

recall it when you were there?

12

A. I don't even recall talking

13

about where Kevin Pacsai died. I do recall it being

14

a matter of relevance to me because he was admitted

15

to 4B and I read from the assignment book who looked

16

after him from his admission until he left the ward

to the Intensive Care Unit.

17

Q. Was the specific timing of

18

the deaths of any of those four children a matter

19

that was raised at any time at that meeting while

20

you were there?

21

A. I don't recall that.

22

Q. At any time while you were

23

present at the meeting was there a discussion or was

24

the issue raised that many of these deaths of the four

25



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had occurred while members of the same nursing team
were on duty?

3

4

A. It was not stated. That
thought did enter my head because of the reading of
the assignments but it wasn't stated by anyone.

5

6

7

Q. Were you asked any questions
or was anyone else in your presence at the meeting
asked any questions regarding specific individuals
who worked on Wards 4A/4B?

8

9

10

A. No.

11

Q. Was the name of Susan Nelles
mentioned at that meeting other than reading out her
hours of attendance?

12

13

A. I don't think so.

14

15

Q. Was the name of Phyllis
Trayner or any other member of her nursing team
mentioned at that meeting save for the reading out
from the assignment books?

16

17

18

A. No.

19

Q. Was the name of any member
of Bertha Bell's nursing team or Bertha Bell's name
itself mentioned during that meeting again other
than reading out the hours of duty from the assignment
books?

20

21

22

23

A. No.

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Q. Were you asked any questions or was anyone else in your presence asked any questions regarding specific physicians or cardiologists who were connected with the Cardiology Unit?

A. No.

Q. All right. You have told us as well that you did see Sgt. Warr later in the day, if I understand it correctly?

A. Yes.

Q. When was that?

A. 4:00 or 5:00 p.m.

Q. And how did that come about?

A. A computer sheet, lab sheet, came up with the report of Justin Cook's digoxin level. Routinely those sheets did come to the ward and the clerk had them, she handed this one to me pointing to the level which I think I remember as being 100. I guess my instant reaction was to continue with this pretense that there was no concern about other babies, so I said quickly to her that is an error, I will deal with it. I took the sheet and left hoping that she thought I went to the lab but where I really went was to Administration to ask them where to find the police. I knocked on the door, Sgt. Warr opened it and I gave him the page



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saying, do something with it, I don't want it on our ward, and he said, thank you, and I left. There were other people in the room but I didn't look at them.

Q. Had you read the computer printout before you took it to Sgt. Warr?

A. Yes.

Q. Were you aware at that time what the level actually was on Justin Cook for digoxin?

A. Yes.

Q. Did you have any discussion with Sgt. Warr when you saw him taking down the computer sheet other than to hand it to him?

A. Just what I told you just now.

Q. During the earlier meeting in the afternoon had there been any discussion while you were present at the meeting amongst any of those present regarding the possible involvement of any drug other than digoxin in the deaths of those children?

A. No.

Q. Was the matter raised by any of the nurses or the nursing administrators who were present?



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A. No.

3

Q. Was it raised by Sgt. Warr?

4

A. No.

5

Q. Was there any discussion while
you were at that meeting regarding the clinical
condition of any of those four children?

7

A. No, I don't think so.

8

Q. As I understand it, you did
however attend a further meeting that evening at
which the matter of some of these deaths was dis-
cussed, do I have that correctly?

11

12

A. I attended a meeting where I
think Kevin Pacsai was the only death discussed that
evening.

13

14

15

Q. When did you leave work on
March 23rd?

16

17

A. Somewhere, 5:00, 6:30, I'm
not sure.

18

Q. Was the meeting after that?

19

A. Yes.

20

Q. Where was it held?

21

A. Liz Radojewski's home.

22

Q. What was the purpose of the
meeting as you understood it --

23

MR. PERCIVAL: Would this be a

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convenient time? I think my friend is going to be into this for some time. I would rather not have this broken.

THE COMMISSIONER: Yes, all right.

MS. CRONK: I am glad to have my associates looking out for me. That's fine, Mr. Commissioner.

THE COMMISSIONER: Well, we will take twenty minutes now then.

--- recess.

--- on resuming.

THE COMMISSIONER: Miss Symes, you can take as long as you like with the break but I would just as soon as you didn't do it with the witness in tow. Do you understand that?

MS. SYMES: Yes, I apologize, sir.

THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. Miss Costello, before we return to the subject of the meeting that was held on the evening of Monday, March 23rd at Mrs. Radojewski's house, there are two other brief matters concerning the meeting earlier in the day that I neglected to ask you previously.

Can you tell me first when you left the meeting that you had been at with Sgt. Warr and



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the others that you have described, was it your understanding that one or more specific individuals were under suspicion in connection with the four children whose deaths had been discussed at the meeting?

7

8

A. I felt very worried that those names whom I had read out of the assignment books were, yes.

9

10

11

12

Q. Was anything said at the meeting by anyone which led you to conclude when you left the meeting that one or more specific individuals were considered as suspicious?

13

14

A. Not by name but his muttered comment of an apparent pattern probably translated for me that he was suspecting one or more people.

15

16

Q. Was that the entire basis for your conclusion in that regard?

17

18

19

A. Yes, and the fact that he was from Homicide. So that is what they would be looking for, that would translate it, and that is what I was afraid they would be looking for.

20

21

22

23

Q. When you left the meeting and returned to Ward 4B, did you at that time discuss with any members of the nursing staff what had occurred at the meeting you had attended?

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A. No, we continued the pretext that we had met with the Coroner about Kevin Pacsai's death and we didn't give any detail.

Q. Did you indicate to any members of the nursing staff that you had in fact not met with the Coroner but rather with a representative of the Homicide Division of the Metropolitan Toronto Police Force?

A. Definitely not.

Q. Was there any discussion when you returned to the ward concerning the deaths of Janice Estrella, Allana Miller or Justin Cook?

A. No.

Q. You had begun earlier to tell me about the meeting that was held Monday evening at Mrs. Radojewski's house. Can you tell me please what you understood the purpose of that meeting to be?

A. We all perceived we were in a very frightening situation, that somehow we had to carry out our professional duties no matter how frightened we were, that our customary way of dealing with things was to talk and see how we could support one another, see how we could plan to deal with it and that's what we planned to do at that time. Liz and I were aware that we would have to continue the



1
2 pretext of a Coroner's meeting and that we would have
3 to do our best to listen to the concerns of the
4 staff and to help them feel supported but without
5 divulging what we knew, that they were in even worse
6 trouble than they thought they were.

7 The staff also were rather angry
8 at The Hospital for Sick Children because, as they
9 perceived it, these "supervisors" had been imposed
10 on them. The admissions were cancelled from our
11 ward, babies, children were being transferred from
12 our ward. All that made them feel that they were
13 being suspected by the Hospital. They were frightened
14 by that, they were angry by that, what's the matter
15 with the Hospital, we didn't do anything wrong, why
16 are they suspecting us, why are they putting these
17 controls on us, we don't like that, we resent that the
18 Hospital did that.

19 I think Liz and I felt that in order
20 to continue to function appropriately we must try to
21 help them to understand that it wasn't the Hospital's
22 fault, that if there was something suspicious, such
23 as, well, we could say Kevin Pacsai's death being
24 investigated by the Coroner, the appropriate thing
25 the Hospital could do is to involve the Coroner and
carry on with whatever investigation the Coroner



1
G12 2 said and that this was appropriate from the point of
3 view of the Hospital and in fact our best protection
4 even though it was the most frightening thing
5 happening to us.

6 Q. Whose idea was it, Miss
7 Costello, to hold that meeting?

8 A. I think it was probably
9 mutual from the staff expressing need for support
10 and our realizing they needed it. So, it was
11 probably Liz Radojewski's and mine and the staff
12 all combined.

13 Q. Do you recall specific
14 members of the nursing staff requesting that a meeting
15 be held?

16 A. No, I just recall everybody
17 being terribly upset and frightened and quite happy
18 that we would have a chance to get together and see
19 what we could do about support. I guess as Head
20 Nurses, as leaders, Liz and I were expected to do
21 something about supporting them, and Janet Bead and
22 Carol Putherbough as clinical specialists were
23 expected to do something about supporting them, and
24 we hoped to be able to support each other.

25 Q. When was the first time you
had discussed with Mrs. Radojewski the possibility of



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holding this meeting?

A. Monday morning, I think.

Q. Had you discussed it before
you were asked to attend the meeting with Sgt. Warr?

A. Yes.

Q. And had you decided at that
point that you would hold the meeting?

A. Yes.

Q. Who was in attendance at the
meeting as best as you can recall it, Miss Costello?

A. Can I look at notes?

Q. Yes.

A. I made a list of who was in
attendance a few weeks afterwards, I am not sure that
it is accurate.

Q. Could I ask you what notes
you are referring to?

A. The same notes that I made
from my personal memory around the 1st of April.

Q. Are these the notes that have
been marked as Exhibit 309?

A. They are some kind of an
exhibit.

Q. Yes.

A. Yes.



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Q. You are referring to what page?

A. Four.

Q. All right. And who was at the meeting according to your recollection?

A. Diane Croswell, who came late, Carol Putherbough, Janet Bead, Bertha Bell, Karen Power, Angela Basciano, Leslie Pressnail, Meredith Frise, Mary Jean Halpenny, Liz Radojewski, Marie Mandal, Susan Nelles, Phyllis Trayner, myself and in my notes I put plus and a question mark meaning that there were probably others I didn't remember.

MS. CRONK: Mr. Registrar, could you show the witness if you would please again Exhibit 32A.

Or do you have it there, Miss Costello? That is a bound volume of documents.

A. Yes.

Q. I would ask you to turn if you would please to Tab 17 and to the fourth page. This exhibit, Miss Costello, has been identified as being a series of handwritten notes made by Mrs. Radiojewski about events at the Hospital prior to the end of March. Do you have page 4?

A. I will count the pages and be sure, that's why I know.



1
G15 2 Q. Do you have the notes that
3 refer to Monday, March 23rd?
4 A. Yes.
5 Q. Do you see there an entry
6 that refers to a meeting which took place at 1900
7 hours at Elizabeth Radojewski's place?
8 A. Yes.
9 Q. All right. Is there then
10 listed a list of persons who were in attendance at
11 the meeting?
12 A. Yes.
13 Q. Other than those that you
14 recorded in your own notes, am I correct that the
15 notes kept by Mrs. Radojewski indicate that Sui -- I
16 take that to be Sui Scott was in attendance?
17 A. Yes.
18 Q. Do you recall Mrs. Scott
19 being in attendance at the meeting?
20 A. No, I do not.
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Q. The notes kept by Mrs. Radojewski also indicate that a Jane, with no last name, was in attendance at the meeting, do you know to whom that refers?

A. Jane Partridge.

Q. There is also an indication that a Joan without a last name was in attendance at the meeting, do you know to whom that refers?

A. Joan MacIntosh.

Q. Do you recall Ms. MacIntosh being at the meeting?

A. No.

Q. Do you recall MaryLou being at the meeting as indicated by Mrs. Radojewski's notes?

A. No, and I could interpret that two ways, if she is using first names it is probably MaryLou Kelly.

Q. Was MaryLou Kelly a nurse attached to either Ward 4A or 4B?

A. Yes.

Q. Was there also a MaryLou attached to those wards?

A. Margaret Lou, which could have been written as Marg, so I am not sure which this is.

Q. Do you recall either woman being



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in attendance at the meeting?

3

A. No.

4

Q. It is suggested in Mrs.

5

Radojewski's notes that the meeting was at 1900 hours,
do you recall in fact when it did start?

6

A. No.

7

Q. To the best of your recollection

8

is that timing accurate?

9

A. It is approximately accurate, yes.

10

Q. How long did it last?

11

A. I think we left it, not all

12

together, some left earlier and some later and I left
at 9:30 and there were still some people there.

13

Q. During the course of your

14

meeting earlier in the day with Sergeant Warr, did

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you or anyone else who was in attendance at that

16

meeting inform him that it was intended to have a

17

meeting at Liz Radojewski's house that evening amongst
nurses on those two wards?

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A. No.

19

Q. Did the matter come up at all

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for discussion?

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A. No.

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Q. Can you help me please as to

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what was discussed at the meeting at Mrs. Radojewski's

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house that evening?

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A. We talked about conditions as they were on our ward. We talked about people's fears, we talked about people's resentments and fears and interpretation of the unusual circumstances on the ward that I have described. We talked about their interpretation that the Hospital blamed us, didn't trust us, laid this on us and we tried to explain why that was as I spoke with you about before. We discussed that we were all pretty frightened. I think that it was asked, are more babies than Kevin Pacsai a matter of concern, and we tried to avoid the question and said perhaps we didn't know.

Q. Stopping there for a moment; when you say we tried to avoid the question, to whom are you referring?

A. Liz Radojewski and I, they knew that four were and we were not going to answer that. We were pretty uncomfortable because we were kind of living a lie which was not our customary way of doing with our staff.

Q. I take it then that the death of Kevin Pacsai was discussed at the meeting?

A. Yes.

Q. What else was discussed other



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than what you have already told us?

A. Susan Nelles discussed her giving digoxin to Kevin Pacsai at 2100 the night before he died. She discussed her belief that she gave an accurate dose and that she had checked it with Mary Jean Halpenny, who agreed with her that yes, she had checked it and it was an accurate dose.

Q. Ms. Halpenny was at the meeting?

A. Yes.

Q. Was anything else discussed?

A. We discussed that we must stick together, we must work this out, we must support one another. Susan made some mention of her roommate being a lawyer and that this was interpreted differently as I remember it. She said she got legal advice from her roommate. As Liz interpreted it she would ask her roommate who was, should she get legal advice. I talked to you about the anger at the Hospital that was expressed. There was one individual who was more angry than the others.

Q. Who was that?

A. Karen Power.

Q. What was the basis as you understood it for her anger?

A. It was the same as the other



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people but she was harder to convince that really
the Hospital was behind us not against us.

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Q. Was anything else discussed at
the meeting as you can now recall it?

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A. Just that - social things, like
Liz' new house and her cat and the environment.

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Q. Well, leaving aside the house
and the cat, Ms. Costello, was the death of any child
at The Hospital for Sick Children other than Kevin
Pacsai discussed at that meeting by anyone when you
were in attendance?

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A. No, except the question I told
you that the nurses asked. I don't know the exact
words, whether they said is the coroner or somebody,
or they, maybe just they, worried about any other
deaths than Kevin Pacsai's and Liz and I kind of
sloughed it off with the answer that we didn't know.

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Q. Would it be fair of us then to
conclude that there was no discussion while you were
at that meeting concerning Janice Estrella, Allana
Miller or Justin Cook?

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A. Definitely not by me.

Q. Was there any discussion at

that meeting generally regarding the number of arrests
and deaths that had occurred on the wards over the
preceding months?



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A. No, I don't think there was.

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Q. With respect to Kevin Pacsai

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was it suggested at the meeting by anyone while you

5

were there that he may have received an excessive

6

dose of digoxin?

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A. There was concern about that,

8

and that is why Susan and Mary Jean were consoling

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each other that they knew she gave the right dose.

10

Q. Why did you understand there was

concern about that possibility?

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A. I think the nurses knew there

12

was a coroner's investigation and there was some

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concern with high potassium and high digoxin on

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Kevin Pacsai, so the vulnerable people were the

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people who gave the 2100 dose and they worried whether

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they could have made a mistake.

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Q. As far as you were aware who

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were the nurses who were involved in administering

19

the dose of digoxin at 2100 hours that had been

prescribed for the child?

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A. Susan Nelles gave the digoxin

21

and Mary Jean Halpenny checked the calculations and

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the pouring of the dose.

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Q. Were you present when Mary Jean

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Halpenny confirmed, as you have suggested she did,

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that the dose was the appropriate one?

A. Yes.

Q. Apart from the suggestion that the Coroner's offices were involved in the investigation of Kevin Pacsai's death, was there any other basis of which you are aware which led to a concern that Kevin Pacsai may have received an excessive dose of digoxin?

THE COMMISSIONER: That is a hard question to answer, I would find it hard to answer, but perhaps I wasn't there. Perhaps you can answer that, what is it you are worried about?

MS. CRONK: Q. Was there anything specifically raised at the meeting, Ms. Costello, that gave rise to the concern that Kevin Pacsai might have received an excessive dose of digoxin?

A. I think I have to assume that we knew there was concern about his digoxin level because of the behaviour of Susan and Mary Jean worrying about the dose of digoxin that they gave, and they didn't discuss any medications they gave him, it was the correct dose that they definitely discussed, the preparation and measurement of the dose and administration of the dose of digoxin at 2100 to Kevin Pacsai.



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Q You yourself knew by March 23rd that there was an issue concerning the digoxin administered to that child, isn't that correct?

A Yes.

Q Did you inform those present at the meeting that was an issue, or did they appear to know it before you arrived?

A I think they knew before the meeting.

Q Who at the meeting, Ms. Costello, inquired if babies other than Kevin Pacsai were being investigated?

A I can't be specific, it may have been more than one, I don't know. I was so uncomfortable with not being able to answer honestly that I just answered very quickly, that I don't know, and I got off the topic.

Q Was it your understanding that the nurses and registered nursing assistants who were present at the meeting were aware of the digoxin levels that had in fact been recorded on Kevin Pacsai?

A I don't know if they knew the levels. No, I am sure that they didn't, they would have been horrified if they thought of a figure like 25. I think they thought it was elevated but at that



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time I don't think it had entered anyone's head that it was more than an error that could have been made with one dose of oral digoxin. I do remember Susan Nelles specifically talking about as well as checking the dose with Mary Jean Halpenny, she talked about drawing it up in a 1 cc. syringe, putting one squirt of elixir digoxin into the baby's mouth: "Therefore I couldn't have given him more than 1 cc. at the maximum and I know I gave him the correct dose". I think they would not have been concerned so much about that one single dose of oral digoxin if they had known how high the level was.

Q I take it it was not raised at the meeting the matter of the actual level?

A. No.

Q Was there discussion at that meeting of elevated digoxin levels in any other children?

A. No.

Q By name or otherwise?

A. No.

Q Did there seem to be, as you understood it, a concern amongst the nurses and the registered nursing assistants who were present that the digoxin levels of other children might be a



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matter that was under investigation?

A. No. They didn't know what on earth the investigation was about. They were certainly frightened by the investigation and I expect that that prompted them to ask us are more babies involved in this investigation, but that was not stated specifically, digoxin specific to babies or anything.

Q. Was it suggested by anyone at the meeting in your presence that it might be advisable for those who were at the meeting to seek legal advice?

A. I told you a little while ago about my interpretation and Liz' interpretation of what Susan said, that is all that I am aware of.

Q. Was it suggested by anyone at the meeting while you were there that the nurses present should compile notes of what they recalled about the arrests and deaths that had occurred on the wards?

A. I think we spoke of being very careful that we had notes and be sure of our memory in relation to Kevin Pacsai only.

Q. And whose suggestion was that?

A. I think Liz Radojewski.



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Q Do you recall anyone at the meeting keeping notes while the meeting was in progress?

A No.

Q You yourself I take it did not?

A No, I did not.

Q Your notes were made some time after that?

A Yes, they were.

Q To the best of your knowledge were the other nurses and the registered nursing assistants who were present at the meeting aware of the digoxin levels that had been recorded on Justin Cook and Allana Miller?

A No, they could not have kept quiet if they were, they would have talked about it.

Q Were you aware while you were at Mrs. Radojewski's house that evening that there had been a meeting held at the Coroner's offices on Saturday, March the 21st?

A No.

Q At which the deaths of some of these children were discussed?

A No, I was not.

Q To the best of your knowledge



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were those in attendance at the meeting aware that there had been a meeting at the Coroner's offices on the Saturday?

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A. No. All they knew was that there was the coroner's involvement with Kevin Pacsai.

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Q. What was the result of the meeting as you understood it, Ms. Costello?

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A. We all left very anxious, but we left feeling confident that we would continue to work to the standards we hoped of ourselves and we would support one another in trying to do that. I think that Liz and I succeeded to some extent in having the staff recognize that it wasn't necessarily punishment or suspicion by the Hospital that was putting these strange conditions on us. We were still pretty worried what was ahead of us.

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Q. Did anyone at the meeting, other than Susan Nelles and Mary Jean Halpenny, discuss the digoxin dose or doses that had been given to Kevin Pacsai during his life?

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A. I don't think so, that is the only one that was given on 4B.

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Q. You don't recall discussion amongst any others present at the meeting about that?

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A. No.



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Q To the best of your recollection,
other than the matters that you have outlined, was
there anything else discussed at that meeting at
Liz Radojewski's house that evening?

A No.

Q Ms. Costello, after the entire
events of this nine-month period from July through to
the end of March, 1981, did you by March 23rd or
thereafter, consider the possibility that some of the
children who had died at the Hospital might not have
died from natural causes?

A I did that and I still do
consider it to be impossible that anyone I knew
killed those children, but I had to be realistic
enough to realize that if Homicide are investigating
this somebody thinks somebody did.

Q Towards the end of March, 1981,
had you formed any belief or reached any conclusion
as to whether or not some person or persons might
deliberately have intervened with these children?

A Towards the end of March,
personally, no. I assumed that if the police
arrested Susan Nelles they had some evidence that
caused them to do so, so I was very worried about that,
but that did not make me think that I believed that



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Susan Nelles murdered those children. I held the belief that if somehow this turns out to be possible then she must have been insane, that is not the Susan I know.

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Q. Did you have any basis to believe at any time, Ms. Costello, that someone deliberately might have been killing children at The Hospital for Sick Children?

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A. No, I did not.

Q. Did you at any time communicate

to any person the view that someone had deliberately been killing babies at The Hospital for Sick Children?

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MR. BROWN: Mr. Commissioner, I don't know whether we are getting into the area we discussed yesterday, if we are I think there was an agreement that we can make submissions, but I seek guidance.

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THE COMMISSIONER: No, I think this question is in accordance with our agreement, is it not?

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MR. BROWN: I am sorry?

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THE COMMISSIONER: I think this question is in line. She has already been asked if there was any basis for it and now she is asked, she said, no, there was no basis for her reaching any conclusion. She has now been asked, I am sorry, I missed the question.



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MS. CRONK: Q The question was, did
you at any time communicate to any person the view
that someone had deliberately been killing babies?

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THE COMMISSIONER: That has to be
asked, I think that has to be asked. Yes, all right.

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MS. CRONK: Q May I have your
answer, Ms. Costello?

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MS. SYMES: What is the time frame
in question, please?

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THE COMMISSIONER: Any time.

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MS. SYMES: She is still talking about
March.

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MS. CRONK: Could I put the
question again, sir, one more time?

THE COMMISSIONER: Yes, try it once
more.

MS. CRONK: Q. Ms. Costello, you
have told me -- did you, at any time, communicate
to any person the view that someone had deliberately
been killing babies at the Hospital for Sick
Children?

A. I have to answer it that the
day after that meeting Liz Radojewski and I spoke
that we have to face the fact that that is a
possibility.

Q. Aside from your discussion
with Ms. Radojewski on, I take it, March 24th --

A. Yes.

Q. -- did you at any other time
communicate to any other person the view that someone
had been deliberately killing babies at the
Hospital for Sick Children?

A. No.

Q. Do you recall attending a
meeting, Ms. Costello, with representatives of the
Metropolitan Toronto Police Force on June 17, 1982?

A. Yes.



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Q. Did you at a meeting with representatives of the Metropolitan Toronto Police Force on that day acknowledge that someone had deliberately been killing babies at the Hospital for Sick Children?

A. No, I did not.

Q. Do you deny having made such an acknowledgement at that time?

A. State what I was supposed to have said again, please.

Q. The allegation is that at a meeting with representatives of the Metropolitan Toronto Police Force on June 17, 1982 you acknowledged that someone had deliberately been killing babies at the Hospital for Sick Children?

A. Definitely I did not.

Q. You deny having done so?

A. Yes.

Q. Then or at any other time?

A. Yes.

Q. Do you recall who was in attendance at that meeting, Ms. Costello?

THE COMMISSIONER: I do not know whether she has acknowledged there was such a meeting yet.



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MS. CRONK: Yes, she has, sir.

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THE COMMISSIONER: Has she? All

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right.

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THE WITNESS: Constable John

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Murray and I have forgotten the other officer's
name.

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MS. CRONK: Q. If I suggested to
you that it was Staff Sergeant Gordon, would that
help you refresh your memory?

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A. Does he have white hair?

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Q. I take it it does not help
you refresh your memory, the name alone?

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A. No.

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Q. Ms. Costello, if it was
alleged in materials prepared by the Metropolitan
Toronto Police Force that you did at an interview
with them on June 17, 1982 when Constable Murray
and Staff Sergeant Gordon were in attendance, that
you did acknowledge at that time that someone had
deliberately been killing babies in the Hospital
for Sick Children, would you have any explanation
for us as to why that might have been recorded or
why it would be alleged?

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A. It may have been a misinterpre-
tation of the -- one fact that it may have been

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2 misinterpreted from is that I told them about the
3 discussion that Liz Radojewski and I had on the
4 morning after March 23rd meeting but I definitely
5 did not -- I cannot say it as well as you said it.
6 Tell me again what I am supposed to have said, please.

7 Q. The allegation, Ms. Costello,
8 is that at that meeting on June 17, 1982 you
9 acknowledged to representatives of the Metropolitan
10 Toronto Police Force that someone had deliberately
11 been killing babies at the Hospital for Sick
12 Children.

13 A. I did not, and that is the
14 only place that I can think they may have somehow
15 interpreted from that, but in my conversation with
16 Liz and as I reported my conversation with Liz to
17 those officers, I did not do that, no.

18 Q. During your conversation with
19 Mrs. Radojewski on March 24th, did you discuss with
20 her the possible involvement of any one in the deaths
21 of these children other than as a possibility?

22 A. No.

23 Q. Did you at any time subsequently
24 discuss the matter with Mrs. Radojewski?

25 A. As time went on, I do remember
being at a meeting to support staff again later



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2 when Liz was not there. It was a considerable time
3 after Susan Nelles had been arrested. I do not know
4 how much time, a month or two.

5 I was upset to hear some of the
6 staff there say, we think that Mary and Liz think
7 that Susan Nelles could have done this or did do it.
8 I do not know the words. I was very upset by that
9 and did not even manage to think of an answer at the
10 time, and I discussed that with Liz. I think we
11 managed to come back to try to convey to the staff
12 that we had no more idea that Susan or anyone else
13 did it than they did, that we were just coming to
14 the reality of the situation that if she has been
15 arrested, we assume the police know what they are
16 doing, we assume they have some evidence and we
17 have to believe that it is a possibility, although
18 in our knowledge of Susan it seemed an impossibility.

19 Q. Ms. Costello, without naming
20 any individuals, I do not wish you to name any
21 individuals for the moment, and without naming any
22 group of individuals, can you tell me, please,
23 whether on Monday evening, March 23rd, 1981 while
24 you were at Elizabeth Radojewski's house you had
25 in your own mind reached any conclusion or formed
any view that certain persons at the Hospital for



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Sick Children might be involved in causing the death
of any of these children?

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A. This time I like my words
better than yours, and I would say that I was
concerned and worried that some individual or
individuals were being suspected by Sergeant Warr
rather than I myself had come to that conclusion
that they were. I only was afraid that they were
suspect by him or whoever he represented.

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Q. What was the basis for your
suspicion in that regard?

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A. The afternoon meeting with
Sergeant Warr.

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Q. Was anything said at that
meeting that led you to that conclusion other than
what you already described to us?

A. Definitely not.

Q. Did you at any time,
Ms. Costello, in your own mind form the conclusion
that certain persons at the Hospital may deliberately
have been involved in the deaths of these children,
other than on the basis of what you had heard
from Sergeant Warr during the afternoon of Monday,
March 23rd?

A. No, never, not even until now.



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I.7 Q. Did you at any time express the
view to anyone that you thought that there was
a murderer involved?

A. I think in that conversation
with Liz I said something like that, and in more
recent conversation with her she says that in her
state of shock she had not translated to the word
murder, so that was the first time it was mentioned,
and I think I did mention that it was a very
abnormal meeting at your house for many reasons,
one of the reasons being that we had to worry that
there could have been a murder in your house.

Q. When was this conversation
with Mrs. Radojewski?

A. March 24th.

Q. Did you on other than that
occasion ever express your view to anyone that you
thought there was a murderer involved?

A. No.

Q. Once again, Ms. Costello,
did you, on June 17, 1982, at a meeting with
representatives of the Metropolitan Toronto Police
Force say to them that on Monday evening, March
23rd, 1981 you thought there was a murderer?

A. No, I do not think I said I



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2 thought there was a murderer. No, I know I did not
3 say I thought there was a murderer.

4 Q. If it is alleged, Ms. Costello,
5 in materials prepared by the Metropolitan Toronto
6 Police Force that you did, at an interview with them
7 on June 17, 1982, indicate that you had thought on
8 the evening of March 23rd that there was a murderer,
9 can you offer us any explanation as to why that
10 would be alleged by the Metropolitan Toronto Police
11 Force if you in fact did not say so?

12 A. Well, I think it is wording,
13 and I think I perhaps said to them that reporting
14 that conversation with Liz again, that I was afraid
15 that there could be, and I do not think I went into
16 a long story with them to tell them that the only
17 basis on which I had any idea of that was the
18 afternoon meeting. I do not think I told them the
19 connections.

20 So they perhaps interpreted it in
21 stronger language than I intended it and with more --
22 probably thought I knew what I was talking about
23 from myself, where I really had no idea at all
24 myself that there was anything to do with murder
25 or any foul play. I only had the idea that if
homicide are investigating, somebody thinks so.



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Q. And did you, in that connection, use the word murderer at that meeting with the Metropolitan Toronto Police?

A. Yes.

Q. And did you in fact on Monday, March 23rd think that there was a murderer?

A. I suppose I was afraid of that possibility, yes, based on the afternoon meeting when I was cause to believe that because homicide was there somebody must suspect that.

Q. Did you have any reason or basis to think that other than what had occurred at your meeting with Sergeant Warr that afternoon?

A. Absolutely not.

Q. Again, Ms. Costello, without naming any specific individuals or any specific group of individuals, can you tell me, please, whether as a result of that perception that you did have Monday evening, March 23rd, did you, as well, have the suspicion that any particular individual or group of individuals might be involved in the deaths of any of these children?

A. I am not sure I am understanding. I was concerned from the afternoon of March 23rd when I read the assignment books that that group of



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2 individuals were being suspect. Me personally I did
3 not interpret that as yes, I think those people --
4 whatever your question was there, sorry.

5 Q. By that group of individuals,
6 do you mean the individuals whose names were read
7 out that afternoon?

8 A. Yes.

9 Q. Did you have any basis to
10 consider or form the view that they might be under
11 suspicion or might be suspicious other than the
12 events that had taken place at that meeting that
afternoon with Sergeant Warr?

13 A. No, I did not.

14 Q. Did you at any time communicate
15 the view to anyone that a particular individual or
16 individuals were under suspicion for possible
17 involvement in the deaths of these children?

18 A. No.

19 Q. Did you yourself at any time
20 form the view that a particular individual or
21 individuals, again without naming their names,
22 were more suspicious than others in connection
with any of these deaths?

23 THE COMMISSIONER: More suspect
24 than others.
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I.11 MS. CRONK: Q. More suspect, I am sorry, sir, than others in connection with these deaths?

A. No, except that I had to realize that not everyone on the ward was there at the time that we read to Sergeant Warr from the assignment book.

Q. Again, then, I take it, that those group of individuals that you were considering and those particular individuals you considered as a result of having been asked to read out the assignment books on those four particular evenings?

A. That he suspected them, not that I did.

Q. You never did?

A. No, and can I add that I was so frightened by that afternoon meeting that I did not go away and try and figure out for myself who he was suspecting. I just did not do it, and the only explanation I have in retrospect is that I was too frightened to do so.

Q. Did you personally, Ms. Costello, at any time, observe anything or learn anything about the deaths of any of these children over this nine month period that led you



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to think that a particular individual or individuals
was involved in causing their deaths?

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A. No.

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MS. CRONK: Thank you, Ms. Costello.

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With your indulgence, sir.

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I have no further questions, sir.

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Thank you very much, Ms. Costello.

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THE COMMISSIONER: Ms. Symes?

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EXAMINATION BY MS. SYMES:

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Q. Ms. Costello, I would like

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to turn you to the topic that you have just completed
with Ms. Cronk.

13

I gather, then, that after your

14

return from holidays, your first day of work was

15

March 23rd, 1981, the Monday?

16

A. Yes.

17

Q. And I gather that you met

18

with the police, that is, Sergeant Warr on the
afternoon of March 23rd?

19

A. Yes, I did.

20

Q. And I also gather that you

21

gave evidence at the preliminary inquiry into
Susan Nelles?

22

A. Yes, I did.

23

Q. At any time between the

24

25



I.13

1
2 meeting of March 23rd in the afternoon and attending
3 to give evidence at the preliminary, were you
4 interviewed by the police with respect to this
5 matter?

6 A. No, I was not.

7 Q. So I gather, then, that you
8 were called and you gave evidence at the preliminary?

9 A. Yes, I did.

10 Q. Did you meet with the Crown
11 Attorneys before you gave the evidence?

12 A. No, I did not.

13 Q. Then, from the time of
14 giving the evidence at the preliminary, were you
15 interviewed again -- were you interviewed at all
16 by the police until I believe it is June 17th, 1982?

17 A. No, I was not.

18 Q. So you met them for about
19 one and a half hours, then, -- one to one and a
20 half hours on March 23rd in the afternoon?

21 A. Yes.

22 Q. And then you were interviewed
23 on March 17th, 1982?

24 MR. PERCIVAL: June 17th.

25 MS.SYMES: Q. Sorry, June 17th,
1982.



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A. Yes, I saw them in the mean-
time, of course, and spoke about a few circumstances
within a group, but no, I was not interviewed by
them in that interim.

Q. I gather that the police had
an office at the Hospital for Sick Children?

A. I think there were various
rooms they used.

Q. And from time to time, were
you asked to get documents for the police investiga-
tion?

A. No, I was not. Sometimes I
was asked to get Liz Radojewski and she was asked
to get them, but I was not.

Q. Were you ever asked to make
members of your staff available to the police?

A. Yes.



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Q. Did you at all times throughout this cooperate with the police?

A. Yes, I did; I didn't offer myself.

Q. You had said I believe before that the assignments, there are assignment books, work communication books, et cetera. You gave the assignment books to the police then on March 23, 1981; is that right?

A. Yes.

MS. SYMES: Miss Cronk, do you have the originals of that, please?

MS. CRONK: Would you like the back or the front?

MS. SYMES: No, the assignment books, have they got a back or a front?

MS. CRONK: I'm sorry, that was my attempt at humour.

MS. SYMES: Q. I am showing you the two original assignment books from 4B. Which was the one that you took to the meeting with Sgt. Warr on March 23rd?

MR. YOUNG: I'm sorry, I can't hear the witness.

THE COMMISSIONER: No, I can't either,



J2 1
2 if that is any consolation to you.

3 THE WITNESS: I am just muttering to
4 Miss Symes here trying to figure out what book I have.
5 I think I have a book that begins with the 10th --
6 no, the 8th of January.

7 MS. SYMES: Q. What year, please?

8 A. 1981, and the entries in it
9 end March 17th.

10 Q. 1981?

11 A. Yes.

12 Q. All right. And what is the
13 other book that is there?

14 A. It begins Tuesday, March 17th
15 repeated for the 3:30 and night shift and ends March
16 24th. Now, answering your question I must have
17 taken both books.

18 Q. At the end of the meeting
19 what did you do with those assignment books?

20 A. Left them in the room with
21 Sgt. Warr.

22 Q. And I believe in answer to
23 Miss Cronk, what happened to the assignment book that
24 precedes the ones that you took to the meeting?

25 A. It is discarded by normal
means. It is always discarded because I didn't know



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an investigation was coming and didn't see any
reason to keep it.

3

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Q. So, you had discarded it
yourself?

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A. Yes, prior to this time.

7

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Q. Prior to March 23rd?

9

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A. Yes.

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Q. Were these kept as part of
the normal Hospital records, did they form part of
the permanent Hospital records, these assignment
books?

13

14

A. No, they do not.

15

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Q. Now, the meeting then that
occurred on March 23, 1981, I gather then that you
would have reported at the normal time, is that
correct?

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A. Yes.

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Q. What time was that for you
on that day?

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A. About seven.

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Q. And what was happening on
the ward, 4B when you got there?

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A. Conditions that I have
described that there were nurses designated as
supervisors, one on each ward, who were to carry the



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keys, to observe any medications drawn up and any medications administered on the ward. Digoxin was now a controlled drug, admissions were cancelled to our ward, patients were transferred off our ward, staff were anxious.

Q. At this time did you know whether the Trayner team had been relieved from duty?

A. Yes.

Q. Can you describe for us what effect this had on you, the combination of the changes on the ward and the relief of the Trayner team from duty?

A. Fear, anxiety, worry, why are these happening.

Q. Did you attempt to find any answers to those questions before you went to the meeting in the afternoon?

A. No. I had no access to anyone who was likely to tell me and I didn't approach anyone.

Q. And I gather that you had said before that the staff, the nurses were concerned and upset, is that right?

A. Very much so.

Q. And do you know when this



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meeting that was to be on March 23rd at Liz Radojewski's house had first been suggested?

A. I was first aware of it on Monday, March 23rd morning, Radojewski suggested, and some of the staff suggested they had begun to talk about it on Sunday, March 22nd.

Q. Do you know how people got invited to that meeting?

A. I don't know specifically. I know that it was an open subject on the ward and everyone who was there knew. I don't specifically know how people who were not there during that period of time knew.

Q. Okay. How did you work on the ward as far as notifying nurses not on duty about ward meetings or an important meeting like this?

A. Well, I don't know if it ever happened before that we necessarily called people who were off duty to tell them, but that would be the only way we could, and whether that would be Liz or me or the other nurses or the unit clerk, I don't remember anyone consciously doing that.

Q. Now, you say that at some time before the meeting at 1:30 began, that you had spoken, was it either Anne Evans or Mrs. Geiger, the Director



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of Nursing, to attend a meeting?

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A. They had asked me to attend
the meeting, I think it was Anne Evans.

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Q. Do you know how far in
advance of the meeting they asked you to attend?

7

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A. I would estimate it would be
between two or three hours; maybe one or two hours,
I'm not sure, one to three hours.

9

10

Q. Before you went to the meeting?

A. Yes.

11

12

Q. And do you recall what she
had told you about the meeting?

13

14

A. Bring your assignment books
and WIN sheets to a meeting with the Coroner.

15

16

Q. Now, we see that WIN sheets
are kept on a weekly basis.

17

18

A. Yes.
Q. Do you know how many WIN
sheets, that is how many weeks you brought with you?

19

20

A. As I recall it was the
current week, the week just passed.

21

22

Q. The week, that would be the
16th to the 22nd?

23

24

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A. Yes.

Q. And the assignment books that



1

J7 2 you brought with you were the ones that are in your
3 hands now?

4

A. Yes.

5

6

Q. And those then cover the
period, the first date is January -- I'm sorry,
January what, 8th 1981?

7

8

A. January 8, 1981.

9

Q. And the last date that they
covered?

10

11

12

13

A. March 24th. Although March
24th had not occurred yet, we had made out the
assignments for that date on March 23rd, which is
normal.

14

15

Q. So, sometime during the day
on March 23rd you would have done the assignments
for March 24th?

16

17

A. Yes.

18

19

Q. Okay.
A. And we redone them because I
no longer had the books.

20

21

Q. When you came into the room
then you told us that Sgt. Warr had been introduced
as a Homicide, from Homicide?

22

23

THE COMMISSIONER: No, he introduced
himself.

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THE WITNESS: Yes, he introduced himself.

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MS. SYMES: Q. Introduced himself from Homicide.

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Now, could you tell us in terms of topics the order in which matters were covered at this meeting? What was the first matter that was covered?

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A. As I remember, we read out the assignments that he indicated to us to read out.

11

Q. What was the second matter?

12

13

A. Digoxin, where is digoxin, where is it stored, how is it brought; those things that I have already discussed about digoxin.

14

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Q. What was the third area?

16

A. Formula.

17

Q. And what was the fourth area?

18

A. Access to the ward.

19

Q. Was there any other topic?

20

A. There was no other topic of discussion. I think in speaking to Miss Cronk I mentioned an occasional thing that was muttered, like, a pattern, et cetera, and that something was said about high digoxin levels for those specific babies, but it sure wasn't discussion, I didn't participate in it.

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Q. Okay. Let's talk about the first one, the assignment, reading out the assignment books.

To the best of your recollection today, realizing that it is a long time after the event, could you tell us what transpired, that is what were the questions and how did you try and answer them with respect to the assignment books?

A. Please read the assignment for the dates that he gave us.

Q. Well, you told us that you read it for one baby, Pacsai.

A. Yes.

Q. Is that right?

A. Yes.

Q. Could you turn to Pacsai then in the assignment books.

A. Yes.

Q. This baby then, Pacsai, got into trouble on the 12th of March at 3:45 a.m.

A. Yes.

Q. What day then would you have read from?

A. March 11th.

Q. March 11th?



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A. March 11th morning, which naturally becomes March 12th after midnight, but it isn't dated that way.

THE COMMISSIONER: March 11th night you mean?

THE WITNESS: Yes.

MS. SYMES: Q. March 11th night becomes March 12th morning, is that right?

A. Yes.

Q. Okay. Was any mention made of the baby that you were to read for?

A. Yes, I knew the names of the relevant babies.

Q. How did you know?

A. Because it was mentioned by Sgt. Warr.

Q. Okay. Now, what did you read?

A. I think that I read the assignment book for the day and the night of March 11th but specifically the night of March 11th for the assignment that contained Kevin Pacsai's death.

Q. Were you asked who had the particular care of the child on that shift, that is, whose assignment?

A. Not in addition to being asked



1
J11 2 to read these assignment books.

3 Q. Pardon me?

4 A. Not in addition to being
5 asked to read the assignment books.

6 Q. Could you just demonstrate to
7 us how you would have read for the night shift?

8 A. I think when I was just asked
9 to read the night shift I would have read Miss
10 Halpenny, Miss Harwood-Jones, Miss Reaper, Mrs. Lyons,
11 Miss Nelles.

12 Q. Was there any attempt to
13 indicate which nurse had which babies?

14 MR. PERCIVAL: Mr. Commissioner, she
15 has asked that on two different occasions and the
16 answer has been given.

17 THE WITNESS: Yes.

18 MS. SYMES: Q. Could you tell us
19 how you would have been able to, or how you did in
20 fact indicate which nurse cared for which babies,
21 because those little numbers quite frankly are some-
22 times hard to read?

23 A. In this particular one Kevin
24 Pacsai's name is in there even though I have misspelled
25 it. It is contained within the assignment that Miss
Nelles had that night.



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Q. Now, with respect to the other children, namely, Miller, Cook and Estrella, do you know if you read out who was on 4B for each of those deaths?

THE COMMISSIONER: I have now forgotten why it is, is there another exhibit that goes on past the 17th of March?

MS. CRONK: Yes.

THE COMMISSIONER: Which one is that?

MR. PERCIVAL: The evidence is that Liz Radojewski read out the ones involved in 4A.

THE COMMISSIONER: Yes, that's right, but I am talking about 4B.

MS. CRONK: Yes, there is, sir, I am just fumbling for the exhibit number.

THE COMMISSIONER: And Tab 14 ends at March 17th. So, this is obviously when we get to --

MS. CRONK: I believe it is Tab 18, sir; yes it is, Tab 18.

THE COMMISSIONER: All right. Thank you. And we are asking about who now, Ms. Symes, which baby?

MS. SYMES: Mr. Commissioner, I was asking a different question, and that was, with



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J13 respect to the Babies Miller, Cook and Estrella,
3 were you asked to read out the nursing assignments on
4 4B for those babies?

5

A. No. For those days, no, I
6 was not for those babies. They were not on 4B.

6

7

Q. But I am asking you, did you
7 read out the corresponding ones for 4B?

8

A. No.

9

THE COMMISSIONER: They didn't ask you
10 who was on 4B on those nights?

11

THE WITNESS: Not that I recall, no.

12

MS. SYMES: Q. Did Liz Radojewski
12 read out the assignments as you demonstrated you had
13 read them out?

14

A. Yes.

15

Q. During this time did you see
16 Sgt. Warr take notes?

17

A. No. I know he had papers in
18 front of him. I did not see him take notes, I didn't
19 look what he was doing.

19

20

Q. Were you asked at any time to
20 slow down, you were talking too fast so that he could
21 record what was being said?

21

22

A. No.

23

Q. Were you given any explanation

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as to why you were to read nursing assignments with
respect to any babies?

A. There was concern with the
high digoxin level of those babies.

Q. Who told you that there was
a concern about high digoxin levels?

A. Sgt. Warr.

Q. And you said I gather that
you knew before you went into the meeting that Pacsai's
level was high, the digoxin level was high?

A. Yes.

Q. Did you know from anyone before
you went in to the meeting what Miller's and Cook's
levels were?

A. No.



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Q. Did you know that they were high?

A. No.

THE COMMISSIONER: I take it it is only Pacsai when you answered that question about the babies, it is only really Pacsai you are talking about, is that right?

THE WITNESS: She asked me did I know about a high digoxin level on Miller and Cook and I said no.

THE COMMISSIONER: Before that.

THE WITNESS: Did I know about Pacsai?

THE COMMISSIONER: Whether Sergeant Warr told you that he was concerned about high digoxin levels of those babies.

THE WITNESS: Of those four babies.

THE COMMISSIONER: The only one you read was Pacsai?

THE WITNESS: That is the only one I read out of the assignment book. But I knew, he indicated there was concern with high digoxin levels for the four.

MS. SYMES: Q. So you didn't know then about the digoxin levels either numbers or



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relative nurse for Cook or Miller, did you know anything about the digoxin levels of Estrella?

A. Not at her death. I did know that while Janice Estrella was alive there was some concern about the way that she reacted to or assimilated digoxin such that her digoxin level was checked frequently and there were periods when her digoxin was withheld, but I didn't know before that that it was a more important, more relevant concern than that.

Q. Did Sergeant Warr tell you that a postmortem level had been taken from this child?

A. I think that - I only remember hearing him say they had high levels, I don't know that he said postmortem and I was sure I didn't ask him when.

Q. In the reading out of the assignments did anyone speak other than Sergeant Warr, yourself or Miss Radojewski?

A. No, they did not.

Q. Now you had said in evidence to Miss Cronk that Sergeant Warr had muttered something about a pattern.

A. Yes.



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Q. Do you know when that occurred,
when in the sequence of the events?

4

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A. I think it was in relation
to reading the assignment books.

6

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Q. Did he ask you for, ask you
or Liz Radojewski for a response to that comment?

8

9

A. No.

10

Q. Is there anything else with
respect to the reading out of the names from the
assignment book that you can remember at that meeting?

11

12

A. Facts, no; our worries, yes.

13

Q. Can you tell us why you were
worried?

14

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A. Because someone from the
homicide was concerned about high digoxin levels
for four of the babies from our wards. That was
a very powerful additional factor. What we had
realized when we were on the wards that something
was suspect, there was an investigation of some
sort and our normal policies were superceded by
unusual policies.

21

22

23

Q. I gather that you said the
next area was digoxin, what were you asked about
digoxin?

24

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A. How does it arrive on the



1
2 ward; where is it stored before it is used; who has
3 access to it.

4 Q. And what do you recall answering,
5 I guess it is you collectively, is it?

6 A. Yes, it is. It is delivered
7 from the pharmacy; it is stored on the shelves in
8 the medication cupboard; the people who would use
9 access to it would be the R.N. administering digoxin,
10 but access was not limited, it was on an open shelf.

11 Q. Was there any distinction made
12 or asked between oral digoxin, IV digoxin or tablet
13 digoxin?

14 A. I think they were mentioned
15 as different forms and different routes of administra-
16 tion, but I don't recall specifically talking about
17 anything different in the storage, and in fact there
18 was no difference in the storage, they were all
19 stored on the shelves.

20 Q. With respect to the third area,
21 that is formula, what was asked and what did you tell
22 him about formula?

23 A. Where was formula made, how
24 does formula get delivered to the ward, who brings
25 it, where is it put, how does it get from there to
the baby, who has access to it.



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Q. Can you tell us what the answers were?

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A. It comes in two ways; the prepared formula comes from the National Baby Food Company and is delivered daily, five days a week. It is put on a cart in the storage room in the ward. The specific recipes for specific babies that formula was prepared in the Hospital in the formula room and was delivered by a porter type person to the ward and put in the fridge on the ward. That is where they stayed until we wanted them and then they were picked up and brought to the baby's room, not necessarily one bottle at a time, it may have been however many babies were going to be fed in that room in the next hour or two.

17

Q. Did anyone other than you and Liz Radojewski assist with that answer?

18

19

A. No.

20

Q. And I gather the next area was with respect to access?

21

A. Yes.

22

Q. That is access to the ward?

23

A. Yes.

24

Q. And you have answered - what

25



1
2 question were you asked?

3 A. I think other than the nurses,
4 who would be working on the ward at night would
5 have access to the ward.

6 Q. And then you have given the
7 answer with respect to who you said?

8 A. Yes, the same as I told
9 Miss Cronk.

10 Q. And at the end of the meeting
11 did Sergeant Warr in any way indicate to you what
12 he was going to be doing in the next hour or days
with respect to this investigation?

13 A. No, he did not.

14 Q. Did you ask?

15 A. No.

16 Q. And I gather that you were
17 told that you were not to talk about this meeting,
is that right?

18 A. Yes, I was.

19 Q. And that you were to continue
20 the pretense of the coroner's inquest on Pacsai?

21 A. Yes.

22 Q. How did that pretense, that
23 is how did it come up that you were to continue the
24 pretense of a coroner's inquest on Pacsai?
25



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3 A. I can't specifically remember
4 us asking anything, I think we were too frightened
5 to. Either he said it, or we may have said, if this
6 is - if we cannot talk about what happened what are
7 we going to say. We may have said that but I don't
8 recall saying it.

9 Q. When you were there in the
10 room meeting with these people were any medical
11 records available, did you see any medical records?

12 A. None that I was aware of.

13 Q. Did you see any?

14 A. I didn't see any.

15 Q. When you were talking about the
16 access to the wards, was any mention made with
17 respect to other kinds of nurses than the ones that
18 had been mentioned as specific duty nurses, that is
19 clinical nurse specialists, teaching team leaders
20 or IV team?

21 A. I think only evening and night
22 supervisors, what entered my head to answer at
23 that time, as far as other nurses were concerned.

24 Q. At that meeting, other than
25 the pretense of carrying on that it was a coroner's
investigation into Pacsai, did Sergeant Warr or
anyone else tell you that he was working with the



1
2 coroner?

3 A. No. No, he did not, I left
4 not knowing whether he was or not, or how he got
5 there.

6 Q. Did you yourself ask any
7 questions?

8 A. No.

9 Q. Did Liz Radojewski ask any
10 questions?

11 A. No, she did not.

12 Q. When you returned to the
13 ward I gather there would have been some time,
14 at least I guess two hours before you went off duty.

15 A. Yes .

16 Q. Were you asked about the
17 meeting?

18 A. Yes. I think we had said
19 before we went that we were going to a meeting with
20 the coroner and we carried on that we did go to a
21 meeting with the coroner and in fact the coroner
22 is investigating Kevin Pacsai's death.

23 Q. Now, this meeting that
24 started at 7:00 p.m. at Liz Radojewski's house
25 that night, obviously was going to be an extremely
uncomfortable meeting.



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A. Very much so.

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Q. Did you realize that before
you went?

5

A. Very much so.

6

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Q. Was any thought given to
cancelling the meeting?

8

9

A. No, we had to do it, cancelling
it would have been worse than having it. We were
very uncomfortable but our custom was to gain
support from one another, it is the only way we
know how to do it and we were the people that had
to live with this situation. No one else seemed
to be offering any help at that time and we were
too stunned to know what to ask for except to
help ourselves by having a meeting to discuss how
we could support one another, and how we could
clarify a little bit of what was going on.

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Q. Did you have any discussions
with Liz Radojewski how you would answer certain
questions?

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A. No, I don't think we did, we
both knew that we were going to have to be cautious.

21

22

Q. And this meeting, were all
nurses invited to attend?

23

24

A. It was open as far as I know,

25



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2 but I don't remember specific invitations to
3 specific people, but no one was excluded.

4 Q. Was the ward clerk included,
5 for example?

6 A. No, she was not.

7 Q. It was only nurses then?

8 A. Yes, including the clinical
9 specialists and the teaching team leader and the
10 ward nurses.

11 Q. Now the notes that you have
12 made which I believe are Exhibit 309, when did you
13 make those notes, your own personal notes that are
made an exhibit?

14 A. Some time within two or three
15 weeks after Susan Nelles' arrest.

16 Q. So that would have been some
17 time in April of 1981?

18 A. Yes.

19 Q. And were those your best
20 recollection at the time of what happened in the
meeting of March 23rd?

21 A. Yes.

22 Q. And during this meeting how
23 did you feel, what was your state of mind?

24 A. I felt very anxious for many
25



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2 reasons. I felt very anxious for the same reason
3 that the staff did that something was very abnormal
4 and that obviously there was some investigation that
5 must have had some implications on our performance
6 of what went on on that ward. I was - I knew even
7 more than the staff that somebody must be worrying
8 about murder because a homicide officer was involved.
9 I knew that more than just Kevin's death was being
10 considered by Sergeant Warr. But I also knew that
11 I couldn't say that and that made me uncomfortable.
12 I was uncomfortable because I was trying to support
13 the staff but I didn't really know how, I hardly
14 knew how to support myself, what can we do except
15 moral support for each other in a situation like
16 this that is really out of our control. I knew too
17 that I had to, in order to keep the staff functioning
18 at their best, to diffuse anger at the Hospital and
19 show them the reality of the situation, that it
20 wasn't just done by the Hospital because they didn't
21 like us or something, but it was a real and
22 inevitable situation that was to our benefit even
23 though it scared us to death.

24 Q. When did you learn Susan Nelles
25 had been arrested?

A. I suspect very soon after she



1
2 was arrested.

3 Q. Do you who you learned it
4 from?

5 A. Anne Evans.

6 Q. And do you remember - I gather
7 that Susan Nelles was arrested on a Wednesday, and
8 do you remember when on the Wednesday that you spoke
9 with Anne Evans?

10 A. About the fact that she was
11 arrested?

12 Q. Yes.

13 A. She came to us, she had told
14 us prior to that a little bit that Susan would be
15 arrested, and then she just came, us means Liz
16 Radojewski and no one else on the ward again, and
17 then she came to us again and said in fact Susan
18 Nelles has been arrested.

19 Q. The question to you is, when
20 did she come to you and tell you that Susan Nelles
21 was going to be arrested?

22 A. As I remember it was approxi-
23 mately 11:00.

24 Q. 11:00 a.m.?

25 A. Yes.

MS. SYMES: Mr. Commissioner, I am



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going to move on to another topic.

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THE COMMISSIONER: Yes, all right,

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then until 2:30.

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--- Luncheon recess.

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--- On resuming:

THE COMMISSIONER: Yes, Miss Symes?

MS. SYMES: Q. Yes. Ms. Costello,
you have been a Registered Nurse for a number of
years. Who is your professional organization that
governs your practice?

A. College of Nurses.

Q. We have had entered as an
exhibit, it is No. 292, the Standards of Nursing for
Registered Nurses and Registered Nursing Assistants?

A. That is developed by the College
of Nurses.

Q. Are you bound by what is
contained within those Standards?

A. Yes, we are. That comes under
the Health Disciplines Act.

Q. Is that the body that licenses
and takes away licences?

A. College of Nurses licenses and
takes away licences, but they are given that
responsibility and authority by the Health Disciplines
Act.

Q. On page 44 of the Standards of
Nursing Practice, there is something called Sanctioned
Medical ---

THE COMMISSIONER: Which exhibit?



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MS. SYMES: 292, Mr. Commissioner.
There is something called Sanctioned Medical Acts.

THE WITNESS: Yes.

MS. SYMES: Q. On Wards 4A/4B during
the epidemic period, were the nurses qualified to
perform certain sanctioned medical acts?

A. Yes, I only remember one
specific one that was sanctioned for 4A and 4B, and
that was the removal of arterial and central venous
pressure intravenous lines.

Q. And who certifies a nurse that
she is qualified and can do a sanctioned medical act?

A. A member of the staff such as
the teaching team leader who is delegated to do that
by the hospital after having been taught it herself
by a member of the medical staff at the hospital.

Q. So, it is then by institution,
employing institution, not by the College of Nurses?

A. No, but it is under the covering
statement in the College of Nurses Standards that
this can be done by the institution.

Q. So the added nursing skills that are
contained in the last section, Section D that start
at page 44, there was only one of those things that
your registered nurses could do; is that right?



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A. As I recall it, yes, the ones
on 4A/4B.

Q. I guess it goes without saying
that if it was a sanctioned medical act for an RN,
a registered nursing assistant could not do this
extra duty?

A. No, they could not.

Q. As the Head Nurse on 5A, I gather
then that you did most of the hiring of the various
personnel that we see in these cases; is that right?

A. Yes, a few were on staff before
I came, but most of them I did hire.

Q. Now, in your answer concerning
the diagram that is over on the far left of the room,
you were asked about the south corridor which is not
included on that diagram?

A. Yes.

Q. Is there three patient rooms on
the south corridor?

A. Yes.

Q. Were all three of them belonging
to 4B?

A. Yes, they did.

Q. So the corridor was not split
4A/4B?



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A. No, the south corridor was not.
We shared some rooms there as well.

Q. You shared things like the play-room and the conference area?

A. And the offices.

Q. But all the rest of the rooms ---

A. The patient rooms were all 4B's
on the south corridor.

Q. I believe that will be a change,
then, in your answer.

A. Sorry.

Q. When you moved from 5A to 4A and
4B, obviously there were a number of changes?

A. Yes.

Q. First of all, there was an
increase in the number of beds?

A. Yes, by four.

Q. And an increase in the number of
infant beds?

A. Yes, by six official.

Q. I gather during that time you
made changes in your complement of nurses to reflect
the increased need for nurses; is that right?

A. Yes, we did. We increased by
giving up one RN position. We were allowed to have



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three RNA positions and a half ward clerk position.

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Q. Was that your choice, in other words, in order to meet the increased nursing needs, was it your choice to give up an RN and get three registered nursing assistants?

A. No, it was not my first choice. My choice was to acquire more individuals, and of course, preferably RN's, but you could not do that. So I agreed with the substitution that was offered.

Q. I gather, then, when you went to two head nurses, then, you had to promote -- you did in fact promote one person to be head nurse?

A. Yes, Liz Radojewski became the head nurse. I personally did not promote her, although I recommended it.

Q. And there was then a need for a teaching team leader?

A. Yes, because Liz Radojewski had had that position on 5A.

Q. I gather, then, that you would promote someone from within -- that is, the nurses on 4A/B to become the teaching team leader?

A. Yes, Diane Croswell became teaching team leader.

Q. And you told us that the mix between



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days and nights changed?

A. Yes, we switched from the nursing teams, all of the nurses working four weeks of days and two weeks of nights to them working two weeks of days and two weeks of nights.

Q. And as a result, you would have needed one more head nurse and her replacement as a teaching team leader. Did you lose any of your senior nurses?

A. Yes, we did, partially because they were unhappy with the increased night shift they were required to do.

Q. I just want to clear up the answer that you gave with respect to the loss of staff and the replacements. Mr. Registrar, could you show her Exhibits 331 and 332, please?

Looking at the Exhibit No. 332, then, I gather by the end of the summer you would have lost four senior nurses in total from Ward 4B?

A. Yes, we did.

Q. How many nurses were lost from 4A by the end of the summer?

A. Five.

Q. I gather, then, that you were able to replace those nurses and your replacement,



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then, in terms of Exhibit 331 shows how many vacancies
you had by week; is that correct?

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A. Yes, it does.

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Q. Now, you had been asked what
PRN stood for and you told that it was pending
registered nursing status; is that correct?

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A. Yes, it is.

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Q. Let us take the first one on
Exhibit 332. When you hired Mr. Rudanycz, did he
fill the position of a registered nurse?

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A. Yes, he did, but he could not
take full responsibility that a registered nurse
could because he had not completed or had not the
results of his registration examination.

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Q. I believe in answer to Ms. Cronk,
there was some confusion as to whether or not he was
extra?

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A. No.

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Q. He was not extra?

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A. No.

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Q. What functions can someone who
has not been registered do?

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A. Within their competence and
their learning and their orientation on the ward,
they are allowed by the Hospital policy to do anything



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except to carry the narcotic keys and to be in charge.

Q. So in terms of filling the vacancies created by the senior nurses' resignation, you had, I guess, one nurse pending registration during the summer and how many did 4A have?

A. They had two.

Q. In terms of recruiting replacement for the senior nurses that had left, did you have any difficulty attracting staff?

A. We did. We had to wait a period of time before we were able to find some of them. Some of that reason was because individual nurses who had finished university in the spring were going to take the summer off, some of them. There were not generally nurses available and there definitely were not experienced nurses available in any type of experience, and particularly, they were practically impossible to find with cardiology or paediatric experience.

Q. Was this difficulty in hiring unique to Wards 4A/B?

A. No, it was the whole hospital and perhaps the whole city and province.

Q. So other floors or wards at The Hospital for Sick Children might have, from time to



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time, had difficulties in staffing as well?

A. Yes, they did.

Q. With the departure of the senior nurses by the end of the summer of 1980, did you have to appoint new team leaders?

A. Yes, we did.

Q. How many team leaders did you appoint for 4B?

A. By the end of the summer -- just a minute, I have to fumble a little -- two.

Q. And how many did 4A appoint?

THE COMMISSIONER: Where are you getting these answers from, Miss Costello?

THE WITNESS: They are notes that I made working through from WIN sheets.

THE COMMISSIONER: I see. They are not from any of these exhibits, I take it?

THE WITNESS: Not that I am aware of. Four.

MS. SYMES: Q. In order to be a team leader, is it necessary that the nurse take a course?

A. Yes, The Hospital for Sick Children offered a course for team leaders that consisted of five days, not consecutive.

Q. It also required a lot of



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learning on the ward.

Q. So in addition to the shortages that we talked about, did you have to then release these six people to take this course?

A. Yes, not all at once, of course. It was done within reasonable assignments.

Q. Now, in terms of the hiring that was done in the summer of 1980, the spring and summer of 1980, perhaps you might assist us. How long does it take to orient and train a nurse to the procedures of 4A/B?

A. It begins when they come for them to be relatively independent to work as a team member with supervision and support from the team leader, head nurse and their peers. It takes three to six months, maybe six months before they are quite comfortable to be independent, and to become a team leader it takes much longer than that, perhaps. We would not like to begin them in a team leader experience or in charge on nights until about a year after they had ' come.

Q. So then the Exhibit 331 that you prepared, which shows the vacancies --

A. Yes.

Q. -- is it fair to say, then, that



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during the epidemic period the vacancy shows that in terms of bodies you were not short or not seriously short nurses?

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A. No, not very much.

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Q. But I gather that you were short experienced nurses?

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A. Yes, we were.

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Q. For these, let us call them newer nurses, that is, the ones that are recent hired, did the number of deaths, number of arrests and deaths affect them?

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A. Yes, it did. Everyone was alarmed and worried about it, and when I had hired new nurses prior to this and early in this period, I always talked to the nurse in the hiring interview to say there are some things that are difficult about our ward and I want you to take those into consideration before you accept a position here. One of them is that we have a fairly high mortality rate. Many of our babies die in the OR and ICU, but they do die on the ward too, and that seems to average about one a month.

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However, as time went on over those months, I was having to change that story to say maybe it is more than that, maybe it is three or four



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a month. That frightened them and the ones that had heard me say it is one a month thought I was lying, I guess.

Q. You had mentioned particularly Bracewell's concern or someone else's concern concerning Bracewell being present at a number of arrests and deaths because she was new?

A. Yes, and that this was a very stressful situation for anyone and more so for someone who was new to the ward.

Q. Now, in terms of the line responsibilities as a head nurse, who did you report to?

A. The Area Co-ordinator, and during this period her name was ---

Q. Just a second. The area co-ordinator?

A. Yes.

Q. That was the position above you?

A. Yes, it was.

Q. Who did she report to?

A. She reported to the Director of Nursing, to some extent the Assistant Director of Nursing, but that was a peculiar position because sometimes it was called a Senior Co-ordinator and I think in the truly direct line, the area co-ordinator



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reported to the Director of Nursing.

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Q. Now, just in terms of your job function, if you had a nursing problem, who were you to report it to?

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A. My area co-ordinator.

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Q. Did there exist a chain of command between the head nurse, say, on 4B and the cardiologists?

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A. No, there was no chain of command. Of course, there was formal and informal and all kinds of communication, but there was no chain of command.

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Q. Then I believe you told us that Lea Pyykkonen was normally the Area Co-ordinator?

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A. Yes, she was.

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Q. And I gather that she was off for a couple of months in the fall of 1980?

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A. Yes.

Q. And her replacement was Barbara Greenleaf?

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A. Yes, who took that area in addition to her own area for that period.

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Q. Now, with respect to the role of team leader, I gather that was a permanent position; is that correct?

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A. Yes.

Q. Who chose which nurses would be
team leader?

A. Head nurses.

Q. So with respect to the choice of
who was team leader on 5A before the move, did you
make those choices?

A. Yes, I did.

Q. Today, do you still have
confidence in your decision with respect to your
choice of team leaders?

A. Yes, I still have confidence in
my decision and in those people.

Q. In the move between 5A and 4A/4B
there was obviously new team leaders chosen?

A. Yes.

Q. Was that done in consultation
with Liz Radojewski?

A. Yes, it was.

THE COMMISSIONER: In the choosing of
team leaders, did you and Miss Radojewski, did you
choose the team leaders for both wards or did you
choose the ones for 4B and she the ones for 4A?

THE WITNESS: Both are right. When we
were making plans for the move we worked together on
it.

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THE COMMISSIONER: Yes.

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THE WITNESS: On 5A I did it alone,
although I may have consulted or as a teaching team
leader.

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THE COMMISSIONER: And then what would
happen then after the move?

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THE WITNESS: We would each choose
for our own ward.

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THE COMMISSIONER: Yes.

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MS. SYMES: Q. Well, specifically,
did you choose who was then Phyllis Morrin, now
Trayner, to be a team leader on 5A?

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A. Yes.

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Q. Did you choose the nurse to
be team leader strictly on the basis of seniority,
that is, length of service at the Hospital?

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A. No, there have been people who
were there for a considerable length of time who
would not be competent team leaders and acknowledge
that themselves as well and they were never made
team leaders.

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Q. Now, I want to come to the
team leader's duties and just focusing really on
nights because that seems to be the area in question.
What did the team leader -- what were her responsibilities



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on nights?

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A. She was responsible for patient care, for the quality of it, for the assessment of the needs, for seeing that the needs were met, for the quality of the performance of her staff.

Q. In order to meet that demand of her, what information or knowledge would she need to know about all the babies that were on her side?

A. She would need to know their condition, she would need to know their complete treatment, which was medical and nursing and physiotherapy, because there are no physiotherapists there at night either.

Q. Would she know when a patient was to receive drugs?

A. Yes, she would.

Q. And was it her responsibility to make sure that drugs were given?

A. Yes, it was also the person who was giving it but she as team leader would also be responsible.

Q. And that they were given at the correct time?

A. Yes.

Q. Now, we know that Registered



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Nursing assistants were not supposed to give drugs.
Who on long nights gave the medications for the RNA?

A. An RN, which could have been
the team leader but if her load was heavy sometimes
it was divided and that should be evident in the
assignment book that one RN is giving them for one
room, the team leader for another room, for example.

Q. Now, during the night, the
long night shift, if an order was received from a
doctor with respect to the care of a patient, who
would receive that order?

A. The team leader would. She
would transcribe it and put it into action and inform
the nurse if the nurse with the patient was not
already aware of that.

Q. Who would transcribe the
doctor's order and make out the medication tickets?

A. The team leader would.

Q. Could you tell us why this,
obviously an important task, was assigned to the
team leader position?

A. Because she was the most
responsible person there, because she needed the
knowledge for it and to allow the nurse to continue
the care of her patients rather than come to the desk



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to do this.

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Q. If a nurse assigned to the

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care of a particular patient had a problem with that

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care, who was she to consult with?

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A. Team leader.

7

Q. And who would make the

decision as to whether or not to call a doctor?

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A. The team leader would.

9

Q. And when the doctor came,

10

who would see the doctor?

11

A. The team leader would and

12

probably the nurse who was with the patient would.

13

Q. Can I fairly say that the

team leader was the manager on nights?

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A. Yes, she was.

15

Q. And was she to know about

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all the care and all the conditions of all the babies?

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A. Yes.

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Q. And was that a realistic

19

demand of her?

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A. Yes, it was a realistic and

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necessary demand of her when conditions were stressful,

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as I have said, I suppose, that was one more stress

but it definitely had to be her assignment.

23

Q. And if a patient's condition

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BB5 2 changed during the night, did the team leader have
3 the authority to change the patient assignments?

4 A. Yes, she did.

5 Q. And how would she indicate
6 in the assignment books that she had changed the
7 position, let's say, for example, the one that you
8 had done in the day?

9 A. Likely she would erase the
10 pencil and write it in. Likely she would do that
11 if it happened at the beginning of the shift; if it
12 happened later in the shift she may not have recorded
13 it anywhere.

14 Q. So, that would explain why
15 there are a number of handwritings in the assignment
16 portion of the books, is that right?

17 A. Yes, plus the fact that team
18 leaders did it on the weekends.

19 Q. Now, during the epidemic
20 period I gather you were not on the unit dose system,
21 is that right?

22 A. No, definitely not.

23 Q. Had that system, the unit
24 dose system been discussed before, before July of 1980
25 at the Hospital?

A. Yes, it had been discussed.



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It had been discussed throughout the Hospital, it was something that the nurses wanted, something that pharmacy with the financial state at the time were unable to provide. Other than a discussion the only formal request that I remember being made for it was made by the Senior Nurses' Association.

Q. Who is the Senior Nurses' Association?

A. It is a group of nurses including the Director of Nursing, the Area Coordinators, the evening and night supervisors, the head nurses.

Q. And when was this -- you said it was a written recommendation?

A. Recommendation.

Q. When was that made?

A. I think about 1979/80, I don't have a record of it.

Q. And was it implemented?

A. No, it was not implemented while I was on staff at The Hospital for Sick Children.

Q. Were you given reasons why it wasn't?

A. Financial.

Q. From a nursing point of view,



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2 can you tell us why the unit dose system was desired?

3 A. In any hospital there is
4 quite a bit of calculation to do about doses because
5 the pills don't come in the right size but in a
6 pediatric hospital that is really emphasized, that
7 almost never does a dose come so that you can give
8 a whole pill to a child. So that almost every
9 medication that was given had to be calculated. If
10 we had a unit dose system that would be done by the
11 pharmacist, it wouldn't have to be learned and the
12 individual nurses giving the medications would not
13 have had to develop competency and take the risk of
14 error in doing these calculations.

15 The unit dose system provides for the
16 medication to come from the pharmacy in single doses
17 for single patients and to be stored for the single
18 patient which should minimize the possibility of using
19 it for another patient.

20 The record for recording the medi-
21 cation given stays with the medication cart and each
22 medication would be recorded as it was given to each
23 patient.

24 All those should reduce the risk of
25 error.

Q. Did medication errors occur



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on Ward 4A/4B?

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A. Yes, they did.

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Q. What kinds of medication errors are you familiar with as having occurred?

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A. The wrong medication being given, the wrong dose of medication being given, the wrong patient being given the medication, the medication being given at the wrong time, the wrong route being used for medication administration. I can't remember now what all I said. Did I say it may not have been recorded?

11

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Q. You hadn't said that. If an error was detected what would the procedure of the person detecting it, what was she to do?

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A. She would report it to the team leader or me or whoever and it would be immediately reported to the doctor in charge of the child so that he could use his judgment to see if something needed to be done because of it and an incident report was completed.

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Q. Did the Head Nurse get a copy of these incident reports?

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A. Not a copy but I saw the original.

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Q. Did you keep copies of them?



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A. No, I did not.

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Q. Were incident reports used

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in disciplining nurses?

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A. Only if a pattern was

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developed and there was a reason to worry about the
competency in the particular area for a particular

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nurse. One of the reasons for that, if they were

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counted up and somehow put in the person's file

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of course she would be afraid of it and it could

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intimidate people so that they would prefer not to

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report them. We hoped that by not using them, that

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way honesty was encouraged and more were reported.

13

Q. How many incident reports

14

have you seen that relate to medication errors during
this epidemic period?

15

A. That's a funny question because

16

right now in the last few weeks I think I have seen

17

seven but how many I saw during those months my

18

memory doesn't tell me.

19

THE COMMISSIONER: Surely that informa-
tion is available from the Hospital, isn't it?

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MS. SYMES: We haven't been able to

21

get it, sir.

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THE COMMISSIONER: I'm sorry, what?

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MS. SYMES: We have not been able to

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get it.

MS. CRONK: Well, Ms. Symes may not have gotten it from the Hospital, sir, but it is my understanding that she was delivered a copy of all incident reports in respect certainly of the children at issue on those wards during the nine-month period and I would take that perhaps to be the seven that this witness has just referred to.

MS. SYMES: But, Mr. Commissioner, that was not my question. My question is with respect to all babies.

MS. CRONK: That was the answer.

MS. SYMES: I appreciate that I received --

THE COMMISSIONER: Well, the information is obviously available if we think it is important.

MS. SYMES: Perhaps I will just carry on with respect to these questions.

Q. Miss Costello, are all medication errors detected?

A. No. I don't think that they are. I would base that opinion on studies that have been done by experts. We feel that only a small percentage are detected.



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Q. With respect to the administration then of the drug digoxin we know that it came in three forms: the oral elixir, the tablet form and the IV form.

A. Yes.

Q. The ampoule form. That is three different forms, I guess?

A. Yes.

Q. Who could give the elixir?

A. Qualified nurse.

Q. Who could give the pill form?

A. The same.

Q. A qualified nurse?

A. A qualified nurse would, in that instance, including RNs or supervised students.

Q. And who could give the IV digoxin?

A. MD, doctors; on our ward.

Q. Could a Registered Nursing Assistant give digoxin orally?

A. No.

Q. Would a Registered --

THE COMMISSIONER: I'm sorry, could a Registered Nurse give digoxin what?

MS. SYMES: Could a Registered Nursing



BB12

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Assistant give digoxin orally?

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THE COMMISSIONER: Yes. Well, if

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she is a qualified nurse she would.

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THE WITNESS: The policy of the

6

Hospital said that Registered Nursing Assistants

7

could give oral medications but in practice they

8

rarely did and I don't think they ever give digoxin.

9

THE COMMISSIONER: Yes, we have had

that before.

10

MS. SYMES: Q. Is this one of the

11

drugs that a Registered Nurse might give to a

12

Registered Nursing Assistant to administer to a baby?

13

A. I think that would be very

unlikely.

14

Q. You say, you have told us

15

before that digoxin then was a drug in which nurses

16

double-checked?

17

A. The calculation of the dose

18

and the actual measurement of the dose.

19

Q. So, at the meeting on March

20

23rd when Susan Nelles is talking about double-checking

21

with Mary Jean Halpenny, is that what she is referring

to?

22

A. Yes, it is.

23

Q. And there is no record or

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at that time there was no record kept of the double-check?

A. No, there wasn't, not in writing.

Q. What was the normal route for the children on 4A/4B for digoxin?

A. Oral.

Q. How often was the IV form used?

A. Very rarely.

Q. With respect to borrowing of drugs, if either 4A or 4B was short a drug, where could they obtain the drugs, let's say after pharmacy had closed?

A. From another ward. The most likely and the most convenient would be their partner ward, but they could obtain it from any ward.

Q. So, if there was a shortage on 4A they would first look to 4B?

A. Likely just for steps' sake.

Q. Okay. And if 4B didn't have it, who would search for it on other wards?

A. Someone would telephone the other wards. They might ask the supervisor for help, they might do it themselves or they might even delegate



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to the clerk to phone the other wards to ask if you have some.

Q. And I gather you have told us that there was no record kept of the borrowing of the drugs, neither the amount nor the drug unless it was a narcotic?

A. A narcotic or a controlled drug or a large amount like a whole bottle full. That would mean something that we would have to pay back for budget purposes.

Q. Is the borrowing of drugs from one ward to another a good practice?

A. No, it would be ideal to have all the drugs that you need at all times in the 24 hours and seven days a week on the ward or available directly from pharmacy.

Q. Could you explain why it is not a good practice?

A. It takes time for one thing. It involves other people, it involves trust of other people, although I surely hope that no one would take a medication without carefully reading the label but it does require taking it from the container that it was in on that ward into something you are going to carry it in back to your own ward and making your own



1
BB15 2 label for that and hoping you don't make an error.

3 Q. Dr. Kauffman, who was an
4 expert in these proceedings, said and, I'm sorry, I
5 don't have the reference, I can get it, it was his
6 opinion that it could increase error. Do you agree
7 with him?

8 THE COMMISSIONER: It is his opinion,
9 I'm sorry, that leads to errors, is that what you
10 said?

11 MS. SYMES: Yes, it could.

12 A. Yes, I think it could.

13 Q. Now, you had said at the
14 first day of your evidence at page 1028 the pharmacist
15 was hired in December of 1980 or, at least, it was
16 recorded in the transcript as December of 1980. When
17 in fact was she hired?

18 A. September 1980.
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Q. In terms of the administration of medications on a particular shift, is there any grouping by time?

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A. Yes, we would group them by time for efficiency purposes.

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Q. Could you explain what the grouping was?

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A. If the medication were required to be given twice a day, which many of them were, we chose 0900 and 2100; partly that was because it was a reasonable time for the children and a reasonable time for the nurses, not in the first hour they came after shift and not in their meal breaks. Other medications might have been needed to be given TID, that is three times a day and we would choose different times for that, some needed to be given every four hours or every six hours and we would do that. We would try to group them for the sake of compatibility and the baby's stomach and we would try to group them so that we were not awakening the baby every hour. If it were intravenous drugs we would have to arrange the time so that one drug could completely run through the intravenous and the intravenous line be flushed with plain intravenous solution before the next



1
2 drug was added.

3 Q. In terms of digoxin what kind
4 of drug was it?

5 A. What kind of drug?

6 Q. In terms of administration?

7 A. It often was ordered twice a
8 day which we would give at 0900 and 2100.

9 Q. So it would be part of the
10 group of drugs given at 0900 and 2100 hours?

11 A. If it were ordered twice a
12 day, occasionally it could have been ordered once
13 a day or every second day.

14 Q. If it were ordered once a day
15 when would it be given?

16 A. 0900.

17 Q. So if digoxin - normally if
18 digoxin were to be given then it would either be
19 given at 0900 or 2100 hours?

20 A. Yes, and the exception for
21 digoxin would be if a digoxin level, blood level,
22 were to be drawn you would not give the medication
23 at 9:00 a.m. and draw the blood right after that or
24 we would have received unreasonably high levels.
25 That is why for some period of time we gave it at
5:30 in the morning and then decided that was not



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3 a good practice. I think either towards or at the
4 end of this period we still gave it at 2100 and 0900
5 but took the blood level before the morning dose
6 was given.

7 Q. The antibiotics you have said
8 could be given every six hours, or every eight
9 hours, what was the route used for antibiotics on
10 4A/4B?

11 A. Either oral or intravenous,
12 or intramuscular, all three.

13 Q. Who could administer oral
14 antibiotics?

15 A. A qualified nurse which
16 predominantly was RN, or it could be students.

17 Q. And who could administer
18 intramuscular antibiotics?

19 A. The same.

20 Q. A qualified nurse?

21 A. Yes.

22 Q. Who could administer IV
23 antibiotics?

24 A. A nurse could administer them
25 above the drip chamber in the intravenous line.

Q. With respect to pain medication
what route did they come in?



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A. Most often oral because children don't like needles, but sometimes if they couldn't tolerate them or take them by mouth they were given intramuscularly. On a very rare occasion they could have been given intravenously and that would have required a doctor to administer.

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Q. So in terms of the administration of drugs then would the team leader know when a particular baby was to receive all of his medications?

11

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A. Yes, but it would be the judgment of the nurse looking after him when did he need pain medication and say PRN, which means as needed medications like something for a fever, she would probably know but she would report it to the team leader.

16

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Q. And would the team leader know the route, the expected route that the nurse was to give the baby a drug?

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A. Yes.

Q. Now, in the evidence of Carol Brown we had Exhibit 306 which was the diagram of an intravenous apparatus; could she please be shown Exhibit 306. Could you please tell us how high the part labelled "IV bag" would be hung for a patient?



1
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3 A. It would be well above the
4 site that entered the patient, perhaps the bottom of
5 the buretrol labelled "drip chamber" would be at
6 least 12 inches above and then that would be about --

7 Q. I am sorry, in terms of a
8 nurse's height?

9 A. I would not always be able to
10 reach the top of the intravenous bag and a short nurse
11 almost never would be able to without standing on
12 something, or lowering the pole, there was this gadget
13 on the pole and you could lower it.

14 Q. Now, why is it hung so high,
15 obviously not for convenience?

16 A. If it is running without an
17 IVAC or anything it is running in by gravity, if it
18 is running with an IVAC you still have to have height
19 above the IVAC.

20 Q. When the bag is at that
21 level how high is the buretrol, because we under-
22 stand the buretrol is the site into which the
23 nurse was permitted to inject antibiotics?

24 A. She would be injecting it
25 through the top of the buretrol; this piece would
be about 4 inches and the bottom of the buretrol
would be probably 24 inches above the child usually,



1
2 maybe 12.

3 Q. Would you agree with me then
4 it would be high up as opposed to down near the
5 patient's bed?

6 A. Yes, it would.

7 THE COMMISSIONER: I'm sorry,
8 what was that about?

9 MS. SYMES: The buretrol.

10 THE COMMISSIONER: Is that right?

11 THE WITNESS: Yes, it was.

12 THE COMMISSIONER: It is certainly
13 not as high up as the bag.

14 THE WITNESS: No, it is not as high
15 as the bag, although sometimes - this picture is
16 not accurate because sometimes if it wasn't running
17 well and we wanted it to be higher we would lift
18 this piece of tubing up over here. (indicating)

19 THE COMMISSIONER: It has to run
20 from the bag into the buretrol, it does that by
21 gravity doesn't it?

22 THE WITNESS: Yes, but there is
23 a clamp here and the buretrol is filled purposely
24 and this clamp is kept closed, and one reason for
25 that is that so the whole bag can't dump into the
child and drown him.



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3 THE COMMISSIONER: It isn't a
4 constant flow of the bag to the buretrol?

5 THE WITNESS: No, it is not.

6 MS. SYMES: Miss Costello, if a
7 nurse were to inject below the drip chamber, I
8 gather that is against Hospital policy?

9 A. It is definitely against
10 Hospital policy to inject medication below the drip
11 chamber. The only reason that a nurse would have
12 for doing something like that, with the intravenous
13 line below the drip chamber, she would be flushing
14 if the intravenous were not running properly, then
15 she could flush the line with saline.

16 Q. Would that be then the only
17 excuse that a nurse would have for doing anything
18 below the drip chamber?

19 A. Except removing the intravenous
20 or retaping or examining the site.

21 Q. We know that in Justine
22 Cook's case that there was a syringe of medication
23 taped to the end of the bed, is that a usual
24 practice?

25 A. No, it is not, it is not a
recommended practice and it is not approved by
Hospital policy.



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Q. I just want to review with you the documents that are used on the wards with respect to nursing. I understand that there is a personnel policy manual?

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A. Yes.

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Q. And that is the document that you took, the sheet with respect to coffee breaks from?

9

A. Yes, it is.

10

Q. Is that Hospital-wide?

11

A. Yes, it is.

12

Q. Now, I understand there is something called a "Nursing Policy and Procedure Manual"?

14

15

A. Yes.

16

Q. And we have that excerpted as an exhibit.

17

A. Yes.

18

Q. In Miss Browne's evidence at page 7930 she said there was a Ward Policy Manual, is there such a thing?

20

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A. I am not aware of that.

22

Q. So there is only the two types of policy manuals, two types, pardon me, of manuals that govern nursing.

23

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2 A. There is an Administrative
3 Policy Manual as well but it is not directly nursing
4 but some things in it - well, we needed to be aware
5 of everything.

6 Q. And what was the purpose
7 of the communication books?

8 A. It was communication from one
9 shift and one day and one week between the nurses,
10 because we didn't all work at the same time.

11 Q. Were these available for all
12 nurses to read?

13 A. Yes, they were, or to write in.

14 Q. In July, August and September,
15 you have given evidence that you were aware that there
16 was an increase in the number of deaths, number of
17 arrests and deaths?

18 A. Yes.

19 Q. At any time during that period
20 did you suspect foul play?

21 A. No, I did not.

22 Q. At any time did you hide the
23 fact from any of the medical staff about the number
24 of arrests and deaths?

25 A. We never did, we never tried
to, we would never want to and we couldn't.



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Q. During this period what did you personally see nurses doing with respect to contacting doctors?

A. They would have to call the doctor when the incident happened, and after it happened there was often discussion and requests for reassurance, that we have done everything that we could, that the doctors have done everything they could and that nurses have, that together we have, that we hadn't missed anything that we had carried through the whole procedure, observing to the completion of the resuscitation to the best of our ability.

Q. Did you see other nurses, did you yourself see other nurses or hear other nurses making these enquiries of cardiologists?

A. Yes, I did, I did at meetings. I did informally and perhaps if you want to know the name of the nurse that was the most obvious in doing this, Phyllis Trayner often did this in public anywhere, always.

Q. Was she the kind of person who needed assurance as to that she had done the right things?

A. Needed I don't know but she



1
2 certainly sought it, she was very open and always
3 questioning herself and outloud questioning is there
4 anything that should have been different.

5 Q. Now, at that particular time
6 you have told us you realized that - that is by the
7 September meeting, that there was an increase in
8 the arrests and deaths, that they were occurring
9 on 4A, they were occurring at night and that they
10 were occurring when the Trayner team was on duty.

11 A. I was aware that the majority
12 were, yes.

13 Q. Is it your impression that
14 everyone else had that same set of facts?

15 A. Looking one, one, one person,
16 I don't know, but it seemed to be general knowledge
17 and it was discussed among us all.

18 Q. Now, at any time during the
19 entire epidemic period did you try to, yourself,
20 look for causes of death?

21 A. Yes, we sought this information
22 from the doctors; we asked for mortality meetings
23 so we could be informed; we asked for reports of
24 postmortems.

25 Q. So one of the things obviously
that was discussed was the medical or anatomical



1
2 condition of the babies that were on the ward?

3 A. Yes, and what the doctors
4 saw as contributing factors to them.

5 Q. Was there any discussion or
6 concern about the Intensive Care Unit?

7 A. Yes, there was concern that
8 when the Intensive Care Unit was busy the children
9 came up to the ward because somebody else had to
10 go into the Intensive Care Unit, it had limited
11 space. We worried if children might have had a
12 better course of recovery, or might not have had
13 a bad course of recovery if they had stayed longer
14 in the Intensive Care Unit. Another time that came
15 into consideration was when a child did not seem
16 well on the ward and we hoped to be able to get
17 the child back into Intensive Care Unit for closer
18 monitoring, or even for ventilation, but that was
19 not always immediately possible.

20 Q. I would like to refer you
21 then to the Ward Communication book, to try and
22 pin down, if possible, whether or not there were
23 any discussions with respect to specific babies.
24 Have you got the Exhibit 300 before you which is
25 the Communication book?

A. Yes.



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Q. First of all would you like to turn to 4A Communication book which is the first tab and turn to page 8.

A. Yes.

Q. If you turn to the previous page you will see that these are the minutes of the September 5th, 1980 mortality meeting.

A. Yes.

Q. And this is you said in Liz Radojewski's handwriting?

A. Yes, it is.

Q. On page 8, was there any discussion with respect to patient Bilodeau in the ICU?

A. Yes.

Q. That is at the bottom of the page.

A. I am just looking through this. Yes, at the bottom of the page it says:

"Q. Would ICU earlier have made a difference?"

Q. Was there a definitive answer to that question?

A. I don't think so.

Q. Could you turn to page 10 then, and this is with respect to patient Turner.



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Q Would you turn to page 10, then,
and this is with respect to Patient Turner, Phillip
Turner.

A. Yes.

Q Was there a discussion with
respect to the Intensive Care Unit on this child?

A. Sorry, but it is taking me a
little while to find it. There is concern of how he
had some difficulties in the Intensive Care Unit.

Q Would you move down to the next
one, 30/7?

A. What am I looking at?

Q On the same page down to 30/7,
to the last comment there.

A. I think your page must be
different than mine.

Q Page 10.

A. There is nothing about 30/7 in
the last ---

Q 30/7 on the left-hand side.

A. It is not on mine.

THE COMMISSIONER: She put us on page
11 originally.

MS. SYMES: Q Page 10, are you on
page 10?



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A. Yes, but I have not got any of these numbers. It says:

"Query spontaneous closure of VSD led to death, right sided obstruction, left sided obstruction, left lung collapse, large right sided shunt."

Perhaps my page should be turned?

Q. I am just referring to this. Do you see the 30/7?

A. "When we realized what his blood gases were, ICU was notified." That was before his cardiac arrest.

Q. So before his cardiac arrest, then, I gather from this note that there was some concern about his blood gases?

A. Yes.

Q. Would that indicate instability?

A. Yes, and it would probably indicate that he could have been helped by ventilation.

Q. Continuing on in the same tab on page 18, it is actually little No. 17 but large No. 18 in the centre of the page with respect to Dion Shrum. This was taken from the minutes of the September 26th meeting.

A. Yes.



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Q. Can you point to whether or not there was any discussion with respect to the ICU for this particular child?

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A. Yes, a little more than half way down the page it says:

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"Time spent arranging transfer ... "
and then the next line says:

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"Intermediary ICU on the ward."
I gather that that meant there was a concern about the time that was spent in arranging a transfer to ICU and a recommendation to prevent that problem in the future would be to have an intermediate care unit on the ward.

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Q. Could you go just before that in that note?

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A. Yes:

"Difficulty, placed in oxygen, plans to transfer to ICU, pulse irregular, complete heart block seizure, arrested, unable to resuscitate."

Would that indicate to you, then, that there was some difficulty in moving that child to the ICU?

A. Yes, they certainly would like to get a child there before they arrest because the treatment in the ICU, the observation and predominantly



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the treatment might prevent the arrest.

Q. Do they have more sophisticated equipment?

A. Yes, they do, including ventilation.

Q. Would you look at the ward meeting book for Ward 4B which is Exhibit 301, and on page 19 of that.

A. I do not have it.

Q. Look at page 19 of that.

A. Yes.

Q. Could you tell us about that?

A. Yes.

Q. Was there a discussion there about transferring patients to the ICU?

THE COMMISSIONER: What page are you referring to?

MS. SYMES: 19.

THE WITNESS: I think this was a report by Liz, who was on the committee that was set up to look at planning and intermediate care unit on Wards 4A/B. This includes concerns that we had about this unit and it concerns the plans as they were at that time.

Q. And the date of that meeting is?



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A. February 11th.

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Q. I gather that you attended the
mortality meeting on January 12th, 1981?

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A. Yes, I did.

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Q. That is Exhibit No. 65 are the
minutes from that meeting. You attended this meeting
yourself?

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A. Yes, I did.

10

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Q. Was there a discussion as to
whether or not Intensive Care Unit could have played
a role in the care of these children?

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A. Yes, I think several places on
this, the first one that I recognize is half way
through the second paragraph says:

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"The second recommendation was that
there should be a gathering together
of cardiologists with the nursing
staff to try and hammer out the needs
for an intermediate intensive care
unit on 4A/B prior to making such
decisions known to the administration."

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Q. On page 2, Item No. 2 of those
minutes, there is a discussion attributed to
Dr. Edmonds?

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A. Yes, he was representing the



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Intensive Care Unit here. He talked about the problem of transfer of patients from the Intensive Care Unit to the ward, where a longer period in the Intensive Care Unit might perhaps be a benefit in a number of these cases. He pointed out that the census in the ICU is higher now than it has ever been. The nursing resources are very stretched and there are obviously occasions today when patients who are discharged from the ICU are not ready for ordinary nursing care.

Q Was that your experience in receiving the patients from the Intensive Care Unit early?

A Yes, it was.

Q I gather in that same meeting that there was a concern with respect to medical coverage?

A Yes, there was.

Q Was that expressed to you by members of your nursing team?

A Yes.

Q Perhaps you might assist us. It comes up in the meeting on October 22nd and 23rd. What was meant by the doctors coming and responding or not responding to nursing concerns? Can you just tell us what ---



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A. As I understand it, that meant that when the nurses were concerned about a baby's condition they called the doctor, the doctor came and reassured -- did some treatment or did not and reassured them, do not worry, the child will be all right, and left, and within a few minutes sometimes the child arrested and the nurses were unhappy that it appeared that doctors were not accepting their judgment that I am really worried and I really want you to stay here.

Q. After the meeting on January ---
THE COMMISSIONER: This might be a very popular statement, but I would like to see it followed up with an example, if there was one? Is there an example?

THE WITNESS: A written example for that?

THE COMMISSIONER: No, not written. Did it ever happen?

THE WITNESS: Yes, it did, not a good many but it did happen.

THE COMMISSIONER: Well, that is what you said already, but can you tell me when it did happen?

THE WITNESS: With names of a patient?



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THE COMMISSIONER: Yes.

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THE WITNESS: I think one time and probably the time that we are talking about in those meetings on October 22nd and 23rd related to Baby Adamo.

8

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THE COMMISSIONER: Yes, what happened there? What happened then? Were you there?

10

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THE WITNESS: No, I was not there.

THE COMMISSIONER: Where did you get the information?

THE WITNESS: From the nurses.

THE COMMISSIONER: Which nurse?

THE WITNESS: That particular one, I overheard some of it from Phyllis Trayner talking not to me but in the nursing station, which was public and audible to all of us. I heard some more of it from Karen Power's team; I heard some more of it at the meeting on October 23rd evening.

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MS. SYMES: Q. I gather one of the results that flowed out of the January 12th meeting was that the resident coverage to the wards was increased; is that correct?

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A. Yes, a little bit.

MS. SYMES: I am now going to turn to the question of the intermediate Intensive Care Unit.



DD.9

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Could we take a break?

3

THE COMMISSIONER: Yes.. How long do
4 you think you will be, Miss Symes?

5

MS. SYMES: Maybe the rest of the
6 afternoon.

6

7 THE COMMISSIONER: Yes. Much of what
8 you have asked we have had before. We have had all
9 of these exhibits before and just going over them, if
10 that can be saved for argument, and I do not
11 particularly want to hear it again when we have heard
12 it before, if that is what you are intending to do.
13 Perhaps you could use the break to try and cut some
14 of it down. But what we have already had in an
15 exhibit, what has already been referred to, we do not
16 need to have it unless she has something to add to it.

15

MS. SYMES: Yes, I understand.

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THE COMMISSIONER: Do you follow what
I am saying, because otherwise we will just go through
-- we have 335 exhibits. I know you do not intend
to do that, but I do not want to just go through
these meetings that she was there, unless she has
something else to give us than what we have had
already.

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MS. SYMES: Well, Mr. Commissioner,
she is giving from the Head Nurse's point of view



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THE COMMISSIONER: Well, I know, but we have already had the exhibits. There has not been any particular quarrel with any of these exhibits, has there?

MS. SYMES: Perhaps as to what it meant for nursing, yes.

THE COMMISSIONER: Well, yes, all right. I just do not want this to degenerate into a row between the nurses and the doctors, that is all. That is not my task.

My task is to find out what happened to these children, and it is easy enough to encourage this witness to say that the doctors are mismanaging things, and it would be easy enough to encourage the doctors to say the nurses were mismanaging things. But unless it has something to do with the cause of death, as it may have in this Adamo case, I do not know ---

MS. SYMES: Well, Mr. Commissioner, I had thought that I had demonstrated through this witness that the Intensive Care Unit's needs and utilizations may well have affected the specific babies that it was appointed to and that the medical coverage may well have affected certain babies.



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THE COMMISSIONER: I know that is something that they wanted. I must confess I am yet to be convinced that the ICU was the source of the problem for all of these babies or even for any of them, and the inability to get them into the ICU, because we have had evidence that whenever they had to go, whenever a doctor wanted them to go, they went.

However, I will leave it with you to see what you can do. We will take 15 minutes.

--- Short recess.

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Costello
ex. (Symes)

--- on resuming.

THE COMMISSIONER: I am getting a little bit worried about the state of our progress. I just mention this, it is not exactly a form of blackmail but if we don't finish by Thursday with this witness there is a good chance we will proceed on Friday until we do finish.

That is so people can be warned. I don't imagine that that will apply, I would think that we would get through most of the cross-examination on Thursday. But if anybody is not available on Friday I think it may be important to get himself or herself worked in before then.

MR. TOBIAS: Mr. Commissioner, that is my situation, I won't be available Friday.

THE COMMISSIONER: No. Well, I just thought I would warn you on Tuesday afternoon.

MR. TOBIAS: All right. Well, I will be available as early as tomorrow afternoon or any time Thursday.

THE COMMISSIONER: All right.

Yes, all right now, Ms. Symes.

MS. SYMES: Q. Miss Costello, one of the things that was identified as a possible solution to alleviate the number of arrests and deaths



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was the intermediate Intensive Care Unit?

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A. Yes, it was.

4

Q. Have you reviewed the documents with respect to the Intensive Care Unit, specifically the Minutes of the meeting setting up the Intensive Care Unit and the report from that committee?

8

A. Yes, I have.

9

Q. In addition, Carol Putherbough and Janet Bead wrote a report, and that we have marked as Exhibit 155. Have you read that?

11

12

A. Yes, I have.

13

Q. Do you agree with its contents?

14

A. Yes, I do.

15

Q. In addition, did you and Mrs. Radojewski prepare your own report on the Intensive Care Unit on May 28, 1981?

17

18

A. Yes, on the Intermediate Care Unit, yes, we did.

19

20

Q. Do you have that in front of you?

21

A. Yes, I do.

22

Q. And that is the report that you prepared?

23

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A. Yes, it is.

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MS. SYMES: Could this please be
the next exhibit?

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THE COMMISSIONER: Yes. What number
are we up to?

6

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THE REGISTRAR: 336.

8

THE COMMISSIONER: 336.
--- EXHIBIT NO. 336: Report on Intensive Care Unit
dated May 28, 1981, by Miss
Costello and Mrs. Radojewski.

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MS. SYMES: Q. Could you briefly
outline to us why you wrote this?

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A. We were concerned about the
target date and the push we felt to make the target
date for opening the Intermediate Care Unit on the
ward soon. Our big concerns related to staffing,
we did not have nurses, nurses trained and experienced
enough to cope with looking after this unit as well
as with the ward and without detracting from the ward
or even with detracting from the ward, we didn't
have enough. We tried to explain that by explaining
the quotas, the orientation time that was required
and that we only had one teaching team leader to do
all the teaching on both wards, we could not have
included teaching many new nurses, plus teaching new
team leaders, plus teaching nurses to work in the



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Intermediate Care Unit.

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Q. Now, was the Intermediate
ICU instituted at some point?

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A. Yes, it was at some point
after I left the position in that Hospital.

7

8

Q. So, that was after 1982?

9

10

A. I think there were other
things there, are you satisfied with that?

11

Q. Well, does the memorandum
list all of the concerns which you had about the
Intensive Care Unit?

12

A. The Intermediate Care Unit,
yes, it does.

13

14

Q. The Intermediate Care Unit.

15

A. Yes, it does.

16

Q. And you had suggested in the
last page delaying the target for one to one and a
half years?

17

18

A. Yes.

19

Q. Is that correct?

20

A. Yes, we did.

21

Q. Okay. You had told us before
that on some occasions you overheard Phyllis Trayner
asking cardiologists for help?

22

23

A. Yes, she openly asked for help

24

25



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EE5 2 in assessing the quality of care that was given to
3 the patients that she was involved with.

4 Q. So, in other words, that is
5 asking for a second opinion of the care that she had
6 provided or her team had provided?

7 A. Yes, both.

8 Q. And what were the things
9 that she identified might be a problem?

10 A. She identified that there
11 could have been something missing in the nursing
12 observations.

13 Q. In other words, would that
14 be that a baby was getting ill and they didn't
15 pick it up?

16 A. Yes, or didn't pick it up
17 soon enough, that they didn't assess the seriousness
18 of it and call the doctor soon enough, or loud enough
19 I guess to be sure that he really came, that they may
20 have missed something in the treatment or done some-
21 thing inadequately in the treatment of the patient
22 or that they may have done something inadequate in
23 the process of carrying out the resuscitation.

24 Q. All right. Those are
25 essentially two areas then; one is before the baby
went into arrest they might have missed something or



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EE6 2 not, as you said, called loud enough or in time and
3 number two was that after the arrest they may not
4 have carried out the resuscitation efforts properly?

5 THE COMMISSIONER: Yes, Mr. Hunt?

6 MR. HUNT: I am not clear. Are we
7 dealing with a specific incident here or is this
8 witness commenting generally on something that
happened on many occasions?

9 THE COMMISSIONER: I thought it was
10 something that Phyllis Trayner had, that she overheard
11 her. Is this the way it started?

12 MR. HUNT: This is one discussion,
13 that is what I am not clear on, is that what we are
14 talking about?

15 MS. SYMES: Well, that was my next
question.

16 MR. HUNT: Well, that, with respect,
17 should have been the first question, are we talking
18 about one incident and, if so, what is the first
19 incident, what was said, and then on subsequent
20 occasions.

21 THE COMMISSIONER: Yes.

22 MS. SYMES: Q. Miss Costello, how
many times did you hear this type of discussion?

23 A. Many; I can't put a number
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on it.

THE COMMISSIONER: Well, is it a discussion -- I thought it started out, I have a note it was Phyllis Trayner. Is this Phyllis Trayner or is this other nurses as well?

THE WITNESS: No, it is Phyllis.

THE COMMISSIONER: I see, all right.

MS. SYMES: Q. When did they start? Can you place in your mind when the first one occurred that you overheard?

A. Probably July 1980.

Q. Can you pinpoint which baby they were discussing by looking at the number of deaths?

THE COMMISSIONER: I'm sorry, they, who would they be?

MS. SYMES: They, Phyllis Trayner, speaking to the cardiologists.

THE COMMISSIONER: Oh, that's what you overheard, her speaking to the cardiologists?

THE WITNESS: Yes.

THE COMMISSIONER: Do you remember which cardiologist?

THE WITNESS: Several of them; in particular I remember Dr. Freedom. I can't exactly --



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I know that we discussed at a meeting in relation to Baby Adamo and I know that from the mortality minutes that several babies that we were very concerned about and that Phyllis was very concerned about were discussed there as a result of concern expressed before the mortality meeting was planned.

MS. SYMES: Q. Did the discussions between Trayner and the cardiologists continue throughout the epidemic period?

A. Yes.

Q. Did you overhear the cardiologists' responses to her questioning?

A. Sometimes.

Q. And at any time, could you just tell us generally what the response was?

THE COMMISSIONER: And who made it.

MS. SYMES: Yes.

A. The cardiologist in particular I remember Dr. Freedom saying there is nothing nurses could have done differently, there is nothing you could have done differently, you have done what was the best for this child at this time.

Q. Did you hear that response from cardiologists on more than one occasion?

A. Yes.



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THE COMMISSIONER: Did you hear it from
anyone besides Dr. Freedom?

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THE WITNESS: I heard it from several
cardiologists at the mortality meeting.

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THE COMMISSIONER: Oh, yes. But this
is a discussion between a cardiologist and Mrs.
Trayner?

7

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THE WITNESS: I can't name more but I
suspect that I remember that it did happen; I can't
name specific incidences other than that one.

10

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MS. SYMES: Q. Let me ask it in the
negative. Did you ever hear any criticism by a
cardiologist of the nursing care that was provided
either before the arrest or during the resuscitation
efforts?

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A. No.

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Q. Was any criticism made to you
as head nurse by a cardiologist with respect to the
nursing care given either during - pardon me before
the arrest or during the resuscitation efforts?

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A. No.

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Q. You have told Ms. Cronk that
you considered splitting up nursing teams.

22

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A. Yes.

24

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Q. At any time did you have any



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concern about inadequate nursing care provided by
either a nursing team or members of a nursing team?

4

A. No, I did not.

5

Q. If you had any concern would
splitting up the team have helped?

6

7

A. If there seemed to be considerable trouble on one team I think it would, if it were one individual that whatever was done would have to be dealt with with that one individual.

9

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Q. The fact that certain nurses were saying that they didn't want to work on Phyllis' team, would that have influenced your decision to split up the team?

13

14

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A. No, not if I had defined a real need or a real value to splitting up the team it would not.

16

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Q. The nurses obviously expressed to you their increased stress with respect to the arrests and deaths.

19

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A. Yes.

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Q. Did they ever express to you what affect this was having on their nursing?

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A. They said that it was decreasing their self-confidence in their nursing abilities.

Q. What does that mean?



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A. It means that once what they felt they were very confident to do well they were now questioning, am I sure I can do it well.

Q. Do you remember any specific nurse questioning her own abilities?

A. I remember Karen Power doing so.

Q. And do you remember when that was?

A. At the October 23rd meeting.

Q. We know from reading the minute book and the ward communication book that there was from time to time a call or a need for a psychiatrist to help staff with respect to the deaths.

A. Yes.

Q. As far as you read the communication book, when was this first raised.

A. I think it was raised in the summer of 1980. I'm looking through notes. I see that it was requested on August 15th, which I think was the first time that I have recorded, I'm not sure that was the first time that it was discussed.

Q. What was to be the purpose of the psychiatrist?

A. Help the nurses deal with the



1
2 stressful situation they were in that was caused by the
3 severity of illness of our patients and the increased
4 number of deaths.

5 Q. When you received that request
6 from your staff, did you communicate it to anyone?

7 A. Yes, I did, to Lea Pyykkonen.

8 Q. And that was your immediate
9 supervisor?

10 A. Yes.

11 Q. And I gather that a psychiatrist
12 was not assigned for staff?

13 A. Not until March 25th, 1981.

14 Q. 1981, okay. During the
15 epidemic period what is your assessment of the quality
16 of nursing care that was provided?

17 A. Excellent quality of nursing
18 care in spite of stress.

19 Q. Did you have any concern about
20 any member of the nursing teams that were working
21 under you with respect to their ability to nurse?

22 A. No, I did not.

23 Q. Was there anything about any
24 of the nurses who worked under you who acted in any
25 peculiar way or any unusual way?

A. No, except what I have talked



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about all the time for several days that they were under more stress and they were expressing that they were more stressed and they were asking for support because of that.

Q. What is your opinion today?

A. I still have confidence in them, I would still like to work with them.

MS. SYMES: Those are my questions.

THE COMMISSIONER: Yes, all right.
Well now, Mr. Brown?

MR. BROWN: Yes, I will start.

CROSS-EXAMINATION BY MR. BROWN

Q. Ms. Costello, my name is Brown and I act for Susan Nelles. This morning Ms. Cronk canvassed with you in some detail the meeting you had with Sergeant Warr on Monday, March 23 in the afternoon?

A. Yes.

Q. If I recall, during the course of that meeting he asked you to indicate to him what nurses were assigned to look after particular patients, is that correct?

A. Yes.

Q. Now, you gave him the answers with respect to Kevin Pacsai who was on your ward, 4B?

A. Yes, I did.



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Q. And Liz Radojewski gave answers
in respect of the other three children who died on
Ward 4A?

4

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A. Yes.

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Q. Now, when Sergeant Warr asked
about Baby Cook who died on the morning of Sunday,
March 22nd, do you recall whether there was any
discussion about Baby Cook being under constant
nursing care?

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A. If that is what was in the assignment book, if that is what was read out, I am not sure, yes, I think I remember that he was.

Q. Just to be fair perhaps I can direct you to the assignment book for Ward 4A, it is at Tab 13 of Exhibit 32A; Tab 13, page 178 and 179, do you have the page?

A. Yes, I do.

Q. And on the bottom of the page are the assignments for that night; the notation is simply "Miss Nelles 418" with the word "Cook" beside that. Do you have any recollection whether what was read out was simply "Miss Nelles 418" "Cook" or whether there was any discussion of constant nursing care?

A. I don't remember any discussion of constant nursing care at that meeting.

Q. You don't remember any discussion at all about constant nursing care?

A. I don't remember it, at that meeting you were talking about?

Q. Just that meeting, on Monday afternoon with Sergeant Warr. You also review with Miss Cronk the events at the meeting that night and Liz Radojewski's. If I recall you stated that



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3 there was some discussion about Baby Kevin Pacsai.

4 Now, was it your impression that
5 most of the nurses present at that meeting were
6 aware that there was a possibility of a coroner's
inquest into the death of Kevin Pacsai?

7 A. Yes.

8 Q. And do you recall, and I
9 think your notes reflect that there was some
10 discussion by Susan Nelles about the amount of
digoxin she had given to that child?

11 A. Yes.

12 Q. And during that discussion
13 you recall that she sought confirmation from Mary
14 Jean Halpenny, that Mary Jean had checked the dose
15 and that the dose was accurate?

16 A. Yes, I do recall that.

17 Q. Is it your recollection that
18 Mary Jean Halpenny in fact confirmed that she had
19 checked the dose and in her view the dose had been
appropriate?

20 A. Yes.

21 Q. Now in view of the background
22 of the potential coroner's inquest, I take it that
23 it was Susan Nelles and Mary Jean Halpenny who were
24 certainly in a spot so to speak inasmuch as Susan
25



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Nelles was on record as having administered digoxin
to the child wasn't she?

4

A. Yes, she was.

5

Q. And Mary Jean Halpenny

6

I suppose would be concerned because she bore the
responsibility of checking the accuracy of that
dose, did she not?

8

9

A. Yes, she did.

10

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Q. Now, to the best of your
recollection those were the only two nurses that
discussed Kevin Pacsai?

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A. There may have been more
discussion in the area that there is a coroner's
inquest or a coroner's investigation into Kevin
Pacsai's death, that may have been more general
discussion and repercussions on our ward, the things
that I have described like people imposed as the
supervisors to carry the keys and observe all
medications drawn up and given, and cancellation
of admissions to the ward and the transfers of
babies off the ward and the digoxin becoming a
controlled drug, those were generally discussed
and ---

23

Q. I am sorry?

24

A. --- and were seen as coming

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1
2 somehow from the coroner's investigation of Kevin
3 Pacsai's death.

4 Q. In terms of discussion of
5 the direct care given to Kevin Pacsai, it was
6 Susan Nelles and Ms. Halpenny who were prominent
7 in the discussion.

8 A. Yes.

9 Q. And given the nature of their
10 involvement in the direct care of the child I take
11 it that that was seen to be a natural thing for
12 them to discuss at that meeting?

13 A. Yes, it would.

14 Q. Now, at that meeting I believe
15 you recall some discussion by Susan Nelles about
16 legal counsel and your notes reflect that?

17 A. Yes.

18 Q. Now, is it your present
19 recollection that Susan Nelles said that she had
20 obtained legal counsel, or that she was going to
21 obtain legal counsel?

22 A. I think my notes say, and
23 my memory at that time, which was closer to the
24 events than now, said she had obtained it from her
25 roommate; but in further discussion and in reading
Liz' notes it appears that other people thought she



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said she asked her roommate should she obtain it.

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Q. And the notes that you made
were not made immediately after that meeting?

5

A. No, they were not.

6

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Q. I understand that you were
the nurse ---

8

THE COMMISSIONER: You don't happen
to know whether her roommate was a lawyer.

9

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THE WITNESS: I think she was a
student but at that time I didn't distinguish.

11

THE COMMISSIONER: A law student?

12

THE WITNESS: Yes.

13

14

MR. BROWN: Q. You were aware at
that meeting that Susan Nelles' roommate was a
law student?

15

16

A. Yes, because I heard her say
so, not because I knew the lady or anything about
it before that night.

18

19

Q. And you heard that at that
meeting?

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A. Yes.

21

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Q. Now, I understand you were
the nurse who initially interviewed Susan Nelles,
is that correct?

23

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A. Yes.

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Q. And you were also the nurse responsible for hiring Susan Nelles?

A. Yes..

Q. And that some time in the fall of 1979, if I recall?

A. Yes, she may have come to the Hospital in 1979, because there was no vacancy on 5A, the Cardiology Ward at that time and she worked for a month on the Surgical Ward and as soon as we had a vacancy transferred to our ward.

Q. That as you recall it would have been the fall of 1979?

A. Yes.

Q. Were you also responsible for conducting a performance evaluation on Susan Nelles?

A. Yes, early in her employment I was.

Q. Perhaps I can show you a copy of that, and that was marked as Exhibit 32 at the preliminary inquiry.

THE COMMISSIONER: That was produced as one of the exhibits?

MR. BROWN: It would be at Tab 32 of Volume 32A.

Q. Do you recognize this as an



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3 evaluation that you performed of Susan Nelles?

4 A. Yes, I do.

5 Q. And your signature appears
6 at the bottom of the page opposite the word
7 "evaluator"?

8 A. Yes, it does.

9 Q. And the evaluation was conducted
10 on January the 18th, 1980?

11 A. Yes.

12 Q. Am I correct in saying that
13 the general summary of your evaluation of Susan
14 Nelles at that time is that she was adapting well,
15 learning, enjoys her work and willing?

16 A. Yes.

17 Q. And I notice that there are
18 below that two areas, one of which relates to the
19 strengths, and what notation did you make of your
20 perceived strength of Susan Nelles as a nurse?

21 A. She related to children and
22 parents well or would be implied, although it isn't
23 written. She did quality patient nursing care.
24 She was a willing nurse, a willing worker and a
25 hard worker.

Q. And then below that there are -
there is an area marked areas requiring improvement



1
2
3 and what areas did you see that she should improve
4 in?

5 A. The nursing process which was
6 assessment and recording on the nursing care plan.

7 Q. What would that involve?

8 A. It would involve assessment
9 of the patient's needs, the patient's nursing needs
10 as they changed and recording these on the nursing
11 care plan with plans for how we would meet them.
12 Continued learning in the field, which is pediatric
13 cardiology, she was doing it just more. To do more
14 teaching as her confidence grew in the field, and
15 to be sure to always seek information as she felt
16 she needed it.

17 Q. And then below that there is
18 an area marked "target base" with some notation,
19 could you read those and explain them to me please.

20 A. I think we didn't write
21 specific objectives and probably we agreed verbally
22 together that they were what was written here in
23 the "requiring improvement" and we said that target
24 dates would be to do them gradually and to show
25 improvement in these specific areas by six months.

Q. Would this have been an
evaluation done at the end of a probationary period?



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A. Yes.

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Q. It is your recollection that
that was the case?

5

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A. Yes, it was done a little
bit late, but that is what it was.

7

8

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Q. Is it normally the practice
that at the end of the probationary period a
decision is made whether to retain a nurse on full
time staff?

10

11

A. Yes.

12

13

Q. Were you the one responsible
for making that decision in respect of Susan Nelles?

14

15

A. Yes.

Q. I take it the decision was
to retain her on full time staff?

16

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A. Yes. As I recall now, and
this is kind of vague because it is a long time
since I have seen the form, there was another
little very brief evaluation form that was completed
at three months, almost take off, much more brief
than this, that may have been sent through to make
her a permanent member of staff at three months,
because I don't think I would have wanted to delay
it until four or five months.

24

25

Q. Would you agree with me that



1
2 the evaluation that you conducted with her on
3 January 18th, 1980 was on the whole a pretty positive
4 evaluation??

5 A. Yes, it was.

6 Q. Did you have the opportunity
7 to observe Miss Nelles working on the ward?

8 A. Yes, I did.

9 Q. And was it your impression
10 that she was a competent nurse?

11 A. Yes, she was.

12 Q. And from your observation of
13 her was it your impression that she was stable and
14 secure?

15 A. Yes.

16 Q. You have indicated to us that
17 you were absent on vacation for part or one of the
18 crucial weeks in March, and particularly the weekend
19 of the 21st and 22nd.

20 A. I was.

21 Q. Upon your arrival back in
22 Toronto you had a telephone call with Liz Radojewski.
23 Now, at that time were you made aware that digoxin
24 was put under control?

25 A. Yes, as I recall now, I was.

Q. And prior to that time there



1
2 was free access to digoxin?

3 A. Yes.

4 Q. And the new policy placing
5 digoxin under control, I take it that digoxin was
6 placed in the narcotic cabinet?

7 A. Yes, it was.

8 Q. And at that time as soon as
9 the policy was put into effect who had access to
10 the keys which would open the narcotic cabinet?

11 A. I think that at that time
12 the RNs on the ward had access to the keys. A
13 little later, I think it was some months later we
14 restricted it to team leader only, but at that
15 time I think the team leader and the RNs on the
16 ward would have access to the keys.

17 Q. Am I correct then in saying
18 that the access to the keys would have followed
19 the previous pattern of the handling of the narcotic
20 key?

21 A. Yes, it would.

22 Q. And the nurse who was
23 responsible for doing the narcotic count in the
24 morning generally would maintain the key for the
25 balance of that shift?

A. That is what the policy book



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3 said, but that is not what happened; because what-
4 ever nurse needed them, if she was a staff nurse
5 employed on our ward she could independently take
6 the keys and go, and of course she couldn't give
7 any controlled drug without having it checked with
8 someone, and that often would be the team leader,
9 but it would not necessarily be that the keys were
10 in the possession of one single person.

11 Q. So the possession could change
12 throughout the course of a shift?

13 A. Yes, but it would remain
14 among the RN staff of the ward, including myself.

15 Q. A few moments ago you mentioned
16 that at some subsequent time there was a change in
17 the policy as to who could control the key; could
18 you tell me what gave rise to that change of policy?

19 A. I think it was after Susan's
20 arrest, and it related to some predominantly-and
21 immediately it related to two missing tablets of
22 digoxin in a box of oral digoxin tablets in 4A's
23 narcotic cupboard.

24 Q. Can you recall precisely
25 when that incident occurred?

A. I had it figured out but I
will have to fumble a little while to find it,



perhaps May.

THE COMMISSIONER: You say two
missing tablets were they?

THE WITNESS: Of digoxin, yes.

MR. BROWN: Q. Could I refer you
perhaps to Ward 4B meeting book which we know as
Exhibit 301, it is a separate sheet of paper.

A. Yes.

Q. If you could perhaps look at
page 28.

A. Yes.

THE COMMISSIONER: 28.

MR. BROWN: Page 28, Mr. Commissioner.

Q. There is a notation at the
top of the page re drug theft.

A. Yes.

Q. Does that cover the incident
which you are relating?

A. Yes, it does.

Q. And there doesn't appear to
be a date opposite that.

A. I wonder if it continues from
the page before or not? No, it was a new issue.
No, there is no date but at least it preceded the
25th of May, that is all I can say right now.



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3 Q. That was the Ward 4B nursing
4 book. Perhaps I could take you to the Ward 4A
5 communication book, Exhibit 300 and if you would
6 turn to page number 41, the big number 41.

7 THE COMMISSIONER: Page?

8 MR. BROWN: Page 41,
9 Mr. Commissioner.

10 THE COMMISSIONER: Page 41 or
11 Tab 41? No, I see it.

12 MR. BROWN: No, the communications
13 book.

14 THE COMMISSIONER: Page number 41?

15 MR. BROWN: That is correct.

16 Q. About half way down the
17 page there is a notation 15/5/81 new policy
18 re narcotics keys and counting.

19 A. Yes.

20 Q. Would that have been in
21 relation to the same incident?

22 A. Yes, it was.

23 Q. So would it be safe to say
24 that this incident occurred some time in the middle
25 of May 1981?

A. Yes, it would.

Q. And that was after the arrest



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of Susan Nelles?

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A. Yes.

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Q. Could you please tell me what

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you know about that incident involving missing

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tablets of digoxin?

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A. I was in charge of 4B that morning. Liz Radojewski was away at a conference. The nurses who counted the drugs on 4A reported to me that two digoxin tablets were missing in the count and that they were missing from an unusual position in that they were not the first tablets to have access when you open the lid of the box, so that they would not have fallen out or it is unlikely that they would have been given a 'not recorded' because we did not give tablets from the middle of the box before we gave them from the beginning of the box.

Q. I take it at this time digoxin tablets were kept under lock in the narcotic cabinet?

A. Yes, they were, and they were a controlled drug so they should have been signed for and none should have been missing that were not accounted for in the narcotics sheets.

Q. Did you actually see the box of digoxin tablets?

A. Yes, I did.

Q. And the missing tablets were from the middle of the box?

A. Yes, they were.

Q. And you consider that somewhat odd?



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A. Yes, I do, because they could not have fallen out, and it is unlikely they would be purposefully taken out from the middle of the box to be administered to a patient. It is unusual.

Q. After discovering the missing digoxin tablets, did you report that to anyone in the Hospital or to the police?

A. Yes, I did, to both.

Q. To whom did you report it in the Hospital?

A. To the doctors, to whoever was co-ordinator at that time, and Ms. Geiger was aware of it, to Liz Radojewski, to the cardiologists, but at this moment I cannot tell you which name. I think Dr. Rowe and Dr. Freedom were involved in that discussion, but whether they were the first ones I reported it to, I am not positive now.

Q. Who did you report to in the police?

A. Sergeant Warr.

Q. When did you report to him?

A. Within an hour or so of discovering this.

Q. And that same day in the morning?

A. Yes.



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Q. I see, and what did you advise
Sergeant Warr that happened?

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A. I explained it, I think,
similarly to the way I explained it to you just now.

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Q. What instructions, if any, did
he give you?

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A. Treat it very seriously. Make
sure that all the staff know that this is a serious
matter. Consider it drug theft, not drug loss, and
make sure they know that this is -- I do not know if
he said criminal, but some kind of offence, that
anyone who would do this is in danger.

13

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Q. Did the change in policy
governing control of the narcotic keys, did that sug-
gestion come from the Hospital or from the police?

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A. I think it came from the
Hospital or even from ourselves. I think he may have
also suggested changing the lock and key for the
particular narcotic cabinet, or either he suggested
it, I think I even thought of that before I went to
him, so I am not sure where the suggestion came from,
but that also was done. But I do not think he is
the one who initiated the idea of controlling who
had the keys.

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Q. Was that policy implemented
immediately?



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A. Within that day I think.

Q. Are you aware of whether the police or the Hospital conducted an investigation into ascertaining how the tablets were lost or taken?

A. No, I am not aware of that. I do know that some time soon after that the Federal Narcotics agent who routinely checks narcotic control in the Hospital visited, that he was specifically brought to our ward for obvious reasons, that being one of them. We had also had difficulty having a really accurate measurement of the elixir codeine. I do not remember him saying much about the digoxin tablets, because they were not federally controlled, but he did say about the codeine, that he was not worried about that, somebody might just have a good snooze or something. He just made light of it anyway.

Q. Were you ever advised that they discovered why these digoxin tablets had been lost or taken?

A. No.

Q. To this day does that remain an unsolved mystery?

A. To me it does.

MR. BROWN: Thank you, those are all



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the questions I have.

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THE COMMISSIONER: Thank you.

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We will rise now until 10 o'clock

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tomorrow.

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--- Whereupon the hearing adjourned at 4:35 p.m.
until Wednesday, February 1st, 1984 at 10:00 a.m.

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